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ABSTRACT

These hearings transcripts present testimony before a U.S. Senate Committee on the implementation and success of the Safe Kids campaign after 10 years. Statements at the hearing were provided by: Dr. C. Everett Koop, chairman of the National Safe Kids Campaign; Heather Paul, executive director of the National Safe Kids Campaign in Washington, DC; Cullen Dwyer and Mikaela Matten, Child Safety Stars; Senator Patty Murray (Washington State); Greg LeMond, a champion bicyclist; Ralph S. Larsen, chairman and chief executive officer of Johnson & Johnson; Robert Lange, director of auto safety, General Motors Corporation; Ann Brown, the chairman of the U.S. Consumer Product Safety Commission; Dr. Ricardo Martinez, the administrator of the National Highway Traffic Safety Administration; and Mark L. Rosenberg the director of the National Center for Injury Prevention and Control, Center for Disease Control and Prevention. (EV)

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TEN YEARS OF THE SAFE KIDS CAMPAIGN

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ED 432 412

HEARING

OF THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

ONE HUNDRED FIFTH CONGRESS

SECOND SESSION

ON

EXAMINING THE SUCCESS OF THE SAFE KIDS CAMPAIGN AFTER ITS 10 YEARS OF IMPLEMENTATION

MAY 5, 1998

Printed for the use of the Committee on Labor and Human Resources

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TEN YEARS OF THE SAFE KIDS CAMPAIGN

TUESDAY, MAY 5, 1998

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The committee met, pursuant to notice, at 10:05 a.m., in room SD–430, Dirksen Senate Office Building, Senator Jeffords (chairman of the committee) presiding.

Present: Senators Jeffords, DeWine, Collins, Kennedy, Dodd, Wellstone, Murray, and Reed.

The CHAIRMAN. The Senate Committee on Labor and Human Resources will come to order.

This is a very exciting day. Today we will be commending and recognizing the National Safe Kids Campaign. Before I do that, Senator Wellstone wishes to introduce an individual who will be on a later panel. He will not be able to be here at that time, so he would like to say a few words now.

Senator Wellstone, I recognize your work on this committee is extremely helpful, especially on the bill we have before us today in the full Senate.

Please go ahead.

OPENING STATEMENT OF SENATOR WELLSTONE

Senator WELLSTONE. First of all, let me thank the National Safe Kids Campaign for all of your passionate work in reducing preventable deaths among children. I cannot think of a more important mission, and we thank each and every one of you who are here today. I think, Mr. Chairman, that we are going to have really good, strong, bipartisan support behind this effort.

I also want to let everyone know that I am honored as a Senator, and Minnesota is really proud that we have Greg LeMond here to testify today. Mr. Chairman, you may know something about Greg LeMond. He is an outstanding athlete, and he is a conscientious proponent of safety, particularly bicycle safety.

Greg is a three-time winner of the Tour de France, Sports Illustrated Magazine's Sportsman of the Year in 1989 and one of Sports Illustrated Magazine's 40 Most Influential People in Sports Over the Past 40 Years.

I told Greg earlier that above and beyond his accomplishments as an athlete, I think the thing that is the most impressive is the way in which he has extended himself into the public arena. He has taken his brilliance as an athlete and has made a commitment to the wider community.

I would like to thank you for being here, Greg, and I apologize that I may miss your testimony, but you will be with me in spirit.

Thank you very much for being here, Greg. [Applause.]

It was tough, Mr. Chairman—I had to coach him over the years when he was cycling, and he learned a great deal from me. [Laughter.]

The CHAIRMAN. I am sure—as a contrast.

Senator KENNEDY. If I could just add, Mr. Chairman, as someone who enjoys sports and played a certain amount of sports in college and admires athletes, that I think Greg LeMond's achievement is so remarkable because it is such an individual achievement, and it reflects strong inner-strength. We admire those who play the game and those who win the game, but I think this is really a very special achievement and accomplishment, so I too want to join in the congratulations.

OPENING STATEMENT OF SENATOR JEFFORDS

The CHAIRMAN. Greg, I will wait until I have a chance to introduce you as a member of the second panel.

I am pleased that so many people could be here today to celebrate the 10th anniversary of the National Safe Kids Campaign. Since the Campaign's inception in 1988, the Campaign has been the catalyst for an extraordinary nationwide partnership between business, government and families. Those partnerships have produced dramatic results in a 26 percent reduction in unintentional childhood injuries and deaths.

You can see the results of the National Safe Kids Campaign every day—infants riding in safe car seats; children with helmets on their heads while riding their bikes; fire alarms and carbon monoxide detectors in our homes; child-resistant caps on medicines and household cleaning products; adults and children wearing knee pads, wrist protectors and elbow pads as they struggle to conquer the art of in-line skating, and numerous other evidence of a heightened awareness of how to prevent accidental injuries.

The Campaign also brings to light how the success of broad-based partnerships is bigger than the sum of its parts. The partnership created by the National Safe Kids Campaign has been integral to its effectiveness.

The business sector has been involved since the beginning. The founding corporate sponsors of the Campaign were Johnson & Johnson and the Children's National Medical Center. They have since been joined by General Motors, Bell Sports and First Alert. National associations such as the Toy Manufacturers of America, the Gas Manufacturers Association, and the National Fire Protection Association have joined forces with other Campaign partners. As a result, car seats are safer and used more frequently; cars and trucks have improved their crash protection; sports safety equipment is more readily available and less costly; carbon monoxide detectors and devices to shut off showers if the temperature gets too hot have been invented, and manufacturers voluntarily issue recalls of products that have been found to be unsafe.

Agencies of the Federal Government, most particularly the National Highway Traffic Safety Administration, the Consumer Product Safety Committee, the United States Fire Administration, the

Center for Injury Prevention and Control at the Centers for Disease Control, and the Maternal and Child Health Bureau have been active participants in the Campaign.

With the involvement of these agencies, there have been significant advances in the evaluation and testing of products, and specific safety standards of various products have been established.

State and local governments have joined with Safe Kids coalitions in 41 States and Puerto Rico, two Native American coalitions, and 147 local coalitions to make our communities, homes and cars safer for our children.

Through these coalitions, more than 500,000 bicycle helmets and 340,000 child safety seats, and nearly 75,000 smoke alarms and batteries have been distributed free to the public. Bike paths, sidewalks and pedestrian walkways have been improved. Local and State laws requiring the use of car safety restraints, child car seats, bicycle helmets, and the installation of smoke alarms in residences have been enacted.

The media have responded by featuring Safe Kids public announcement spots during prime-time programming. In movies and television shows, actors are buckling up before the car chase. Children are in car seats as they drink a gallon of orange juice, demonstrate the reliability of a diaper, or eat the "world's best" french fries.

All of these measures have significantly improved childhood injury prevention in America, and the Campaign for Safe Kids has been a major catalyst in making it happen. The Campaign has fostered and nurtured these partnerships. For business, government, communities, parents and children, the Campaign has not only taught the importance of preventing accidental injuries and deaths, but how to do it.

I appreciate having the opportunity to help the Campaign for Safe Kids spread the word. I applaud their decade of success. But I know that there is much more to do. Unintentional injury is still the leading cause of death and disability among children 14 years of age and under. In 1995, 6,600 children died from unintentional injuries. Each year, accidental injuries among children account for about 8.5 million visits to emergency rooms and 250,000 hospitalizations. We must work together to further reduce the number of our Nation's children who are injured or killed due to preventable accidents.

We will now receive a statement for the record by Senator Enzi.

[The prepared statement of Senator Enzi follows:]

PREPARED STATEMENT OF SENATOR ENZI

Thank you, Mr. Chairman. This week, the National SAFE Kids Week celebrates its 10 year anniversary since President Reagan challenged America to protect children from unintentional injuries. I am pleased that the committee is holding this hearing. As elected officials, it is our responsibility to find ways to improve safety for our Nation's most important resource—our kids.

Since its creation, the National SAFE Kids Campaign has reported a 26 percent decline in the unintentional death rate among children age 14 and under. With the assistance of private and public participation, the Campaign has led a concerted effort to promote public awareness of child injuries and fatalities. This increased awareness has spawned safer consumer products and stronger safety laws. Yet, despite these notable improvements, we have a long way to go.

Unintentional injuries still remain the number one killer of America's kids—6,600 each year. That is an extremely disturbing statistic. An alarming 38 percent of fatal injuries for children ages 1 to 14 are unintentional. This percentage far exceeds all other causes such as cancer, birth defects and even suicide. Although we must remain committed to eliminating any cause of child 2 injuries, prevention of unintentional injuries should be in everyone's best interest.

I am pleased to see that state and local participation in keeping kids safe has increased over the last few years. Being a former city mayor and State legislator, I can vouch that State and community participation in education and awareness services is essential for success. Awareness participation will only ensue if everyone share's a vested interest.

While living in Wyoming, I was responsible for administering the safety and health program at Dunbar Well Service Company—the largest independent well servicing business in the Nation. I often traveled the State teaching the importance of safety and health to employees and collected urine and saliva samples for drug testing. It was during this time that I realized how critical safety and health education, awareness and participation in the workplace is. For this reason, I've spent most of this Congress promoting a modernization of existing Federal occupational safety and health law.

My bill, the Safety Advancement for Employees Act or SAFE Act, emulates a theme that safety and health in the workplace is everyone's responsibility including the Occupational Safety and Health Administration, the employers, and yes, employees, too. Everyone must participate, or true safety and health improvements will ultimately fail.

The theme I adopted for the SAFE Act is no different when comparing it to the National SAFE Kids Campaign. The Campaign boasts the participation of corporations, foundations, associations as well as the Federal, State and local Governments. Without this level of assistance, educating parents about proper supervision and improving emergency medical services is simply academic.

Most importantly, getting individuals most vulnerable to injuries and fatalities to participate is essential. For instance, in the SAFE Act, employees are encouraged to wear their hard hats, safety goggles and steel-toed shoes. Along Identical lines, the National SAFE Kids Campaign promotes the importance of a universal child restraint system in automobiles, the use of automobile safety belts, and the importance of wearing a bicycle helmet. The lack of usage among these three safety devices accounted for 31 percent of all unintentional child fatalities in 1995—2,050 deaths that could have been prevented.

I agree with the Campaign that injury prevention must be a national priority—encompassing everyone's participation. Unintentional injuries and fatalities are preventable if we just apply ourselves. Solutions are available just through research and public awareness alone. But if we are to succeed in applying the Campaign's objectives, individual participation must be the cornerstone.

In addition to supporting the advancement of workplace safety and health, I believe in the same agenda as it relates to our kids. Stemming unintentional injuries and fatalities is a matter of great importance and requires the attention of Congress. This hearing is a fine step in that direction.

Thank you, Mr. Chairman.

The CHAIRMAN. I want to thank each of our witnesses for appearing before the committee today. I know that each of you came not only to celebrate the decline in unintentional childhood injuries and deaths, but to help us map out a plan for future success.

I also want to thank all the Child Safety Stars, their parents and chaperons who have joined us today. First and foremost, this hearing is for you and for the millions of children and parents from around the country and around the world whom you represent.

Senator Kennedy.

OPENING STATEMENT OF SENATOR KENNEDY

Senator KENNEDY. I join in commending the National SAFE KIDS Campaign and the more than 240 State and local SAFE KIDS coalitions for their impressive leadership over the past 10 years in reducing the death rate among children from unintentional injuries. Your dedicated work with local law enforcement officers, educators, firefighters, health professionals, national advocates, parents, and the business community has been extrraordinary, and you deserve great credit for the progress we've made.

Ten years ago, 99 percent of children rode bicycles without helmets, 60 percent of children rode in cars without using seat belts, 1 in 5 families went to sleep each night without a smoke detector. Thousands of children died needlessly because such basic protections were not used.

In the past decade, childhood deaths from unintentional injuries have dropped by 26 percent. Deaths from bicycle injuries and fires have each declined by 40 percent. Fifteen States, including Massachusetts, have adopted bike helmet laws. Unintentional firearm deaths are down 34 percent. In addition, Massachusetts issued regulations last June to require child-proof safety locks on all handguns sold in the State. Educating parents and the public, is making a significant difference in saving children's lives.

In Massachusetts, unintentional injuries have declined 40 percent, due in large part to the skillful work of the two SAFE KIDS coalitions in Western Massachusetts and in the Greater Boston Area.

I am particularly proud that the SAFE KIDS Coalition in Western Massachusetts received a grant from the Environmental Protection Agency for its project to reduce the incidence of lead and carbon monoxide poisoning in minority communities in Springfield. The Coalition is using the grant to improve lead screening, reduce lead levels in children in old housing, and teach families to reduce indoor air pollution. The community is involved at every level of training and planning, and the success of the project can be a model for the Nation.

These accomplishments of such coalitions across the country are impressive, but we know that much remains to be done. Unintentional injuries are still the number one killer of children under 14. In 1995, the most recent year for which statistics are available, 6,600 children died from unintentional injury. Each year, 1 in 4 children is hurt seriously enough to require medical attention, accounting for 8.5 million emergency room visits and 250,000 hospitalizations a year. Ninety percent of these injuries could be prevented.

Children from low-income families are especially at risk. They are twice as likely to die in auto accidents, four times more likely to drown, and five times more likely to die in fires. Substandard housing, lack of parental education, and other factors account for this higher risk. In a very real sense, poverty is literally killing the Nation's children.

The National SAFE KIDS Campaign, and your local coalitions are making a difference in dealing with the challenge, and I look forward to working closely with you to see that Congress does all it can, too.

Mr. Chairman, in just a few moments, we are going to hear from Cullen Dwyer, who is a very special resident of Massachusetts. Would you like me to wait and introduce him when we get to the panel?

The CHAIRMAN. Let us wait until we get to the panel. We are going to see a little video from Dr. Koop first, and then we will go to the first panel.

Senator KENNEDY. Good. Thank you, Mr. Chairman.

The CHAIRMAN. I also want to acknowledge Senator Dodd, who has been a leader in this field and who spoke to an assemblage over in the Capitol a few moments ago.

Senator, it is good to have you here.

OPENING STATEMENT OF SENATOR DODD

Senator DODD. Thank you very much, Mr. Chairman.

I know we want to get to our witnesses, but I again want to thank you, Mr. Chairman and my colleagues for the tremendous gathering we have here of people from all across the country who have come to celebrate 10 years of great success.

Heather Paul, whom we all know and have worked with over the years, has done a tremendous job. Dr. Eichelberger does remarkable work in heading up Safe Kids. Johnson & Johnson, we mentioned earlier. Many people are in the hearing room this morning from that wonderful corporation and others who have joined Johnson & Johnson as corporate sponsors of these efforts.

If you thought about kids' safety in a context other than car seats, bicycle helmets and smoke detectors and thought about it instead as a disease, we would be gathered here this morning to talk about an epidemic where 40,000 kids each day were being injured, 6,000 to 7,000 children were dying every year because of this epidemic. We would be racing to the floor of the Senate; there would be legislative action; and there would be all sorts of efforts here to try to stem the epidemic. And yet that is in effect what we have.

I think we have done a great job in the last 10 years of reducing the number of deaths from around 8,000 per year to a little more than 6,000. But 6,000 is still a staggering number, particularly, when we consider, this is all preventable. What is so frustrating about this is that this is not a question of trying to figure out what to do in order to solve the problem. We know what to do. It is a question of whether we can just get the message out and get people to act more responsibly.

Senator Kennedy mentioned, I think very aptly so, that in movies have even changed. The film industry is criticized for a great many things and not without justification. But in many movies today, contemporary films, people are buckling up. On TV shows, the police officers buckle up in the squad cars or wear helmets and other safety gear. Now, they may do other things on the shows that we disagree with, and I wish they showed as much sensitivity on some other issues in programming as they do with seat belts, but that kind of an educational effort really does make a difference.

We were talking earlier about the mother saying to the child, "I cannot start the car until your seat belt is fastened." But more and more we hear where a child in the car has said, "Put your seat belt on." It is children who are reminding adults in many cases, Mr. Chairman.

So this is really working, and we just need to keep at it. We are getting better at this, but we need to do a lot more. And I want to underscore the points that were made earlier on things like gun locks. I would hope Safe Kids would take on that challenge; we know it saves lives. Smoking—we are going to have Dr. Koop on in a minute, and no one has done more to try to make kids' lives safer by going after the smoking issue. We have 3,000 kids a day who start smoking; what better educational effort for Safe Kids? Child care settings—we now have more and more children of working parents who are in child care. Are those child care centers safe for children? If we put a bicycle helmet on a child at home, but there is no safety helmet while on a tricycle at a child care center, then we are not completing the circle.

So there are some wonderful things that we can be doing in a public-private sector partnership, and this hearing will help us to talk about some of those things, Mr. Chairman, so I thank you immensely for the effort.

[The prepared statement of Senator Dodd follows:]

PREPARED STATEMENT OF SENATOR DODD

Mr. Chairman, I am very pleased that you have called this hearing today to highlight a unique and impressive effort—the National Safe Kids campaign. I have been proud to work with the National Safe Kids campaign and with their State affiliate, the Connecticut Safe Kids campaign of which I am honorary chair, since their founding a decade ago.

Imagine, it was just 10 years ago that most children rode in automobiles without any restraint. Children bicycled in their neighborhoods without helmets. And, thousands of families died in fires simply because smoke detectors were uncommon. In 1988, 8,000 children died because of the lack of these protections, which are viewed as so basic today.

And the reason we view them as so basic is because of the work of the Safe Kids campaign. Since its very beginning 10 years ago, the campaign has fought tirelessly to educate kids, parents, teachers, policy makers, private industry, and community leaders about what can be done to prevent injury to our most precious constituency, children. Its efforts have sparked action across the country and has resulted an impressive 26 percent decline in the unintentional childhood injury rate.

Perhaps the secret of their success is that Safe Kids has realized that it cannot address this issue alone. In every area, safe kids has mobilized partners to step up and help address these issues. It has partnered with fire fighters to get the word out on smoke detectors. To encourage the use of bike helmets, Safe Kids found a spokesman and advocate in Greg LeMond—a hero in the eyes of all budding cyclists. Safe Kids has reached out to the corporate world, Johnson & Johnson, General Motors, and others in distributing and developing better safety equipment.

Its most important partner are kids themselves—who I would note are well represented here this morning. Children want and need to learn what they can do to keep themselves safe and what to do in emergencies. At John Stanton elementary school in Norwich, CT, children can take a "kids safe" safety education course every Saturday morning. this empowers them to help themselves and help others.

The good news of today's anniversary is that we know that Safe Kids comprehensive, educational approach works. Bike injuries have fallen 40 percent. Child fatalities in fires are also down 40 percent.

The campaign reminds us, however, that there is much work to be done. Unintentional injury remains the leading killer of children 14 and younger, taking the lives of 6,600 children each year. every day, more than 39,000 children are seriously injured. And despite the use of child safety seats, some 1,800 children are die each year and tens of thousands are injured in motor vehicle crashes. And the real tragedy is that 90 percent of all childhood injuries and fatalities are preventable.

Mr. Chairman, if this were a childhood disease, we would be devoting endless hours of our time and resources toward eradicating it from our society. We need to think of this as an epidemic that is stealing our children and we must work toward its elimination.

First and foremost, we must continue to get the child safety message out. Safe Kids, the campaign's 245 coalitions across the country, its corporate sponsors, and impressive spoke people will continue to spread the message and share the tools. But we all must do our part.

We need to spread some new messages as well, such as the critical importance of carbon monoxide detectors which can prevent rapid death from carbon monoxide poisoning. we also need to reach new partners like child care providers to ensure that kids are not just safe in their homes, but also where many spend much of their days.

Mr. Chairman, today is a celebration of 10 years of outstanding work and impressive accomplishment. I am hopeful that at this important anniversary we can rededicate ourselves to the goal of ensuring the safety of all children.

The CHAIRMAN. Dr. C. Everett Koop, the chairman of the National Safe Kids Campaign, is unable to be here today. He has sent a short videotaped message. Most of us are familiar with Dr. Koop's distinguished career. From 1981 through 1989, Dr. Koop served as Surgeon General of the United States. He has received many awards and honors for his work on behalf of public health, including the Presidential Medal of Freedom. Dr. Koop still continues his work, and now we will see a brief, 2-minute message from him.

STATEMENT OF DR. C. EVERETT KOOP, CHAIRMAN, NATIONAL SAFE KIDS CAMPAIGN

Dr. KOOP [via videotape]. Good morning, Chairman Jeffords, Senator Kennedy and members of the committee. On behalf of the National Safe Kids Campaign, thank you for holding this very important hearing to discuss the number one killer of children ages 14 and under—unintentional injury.

Today marks both National Safe Kids Week and the 10th anniversary of the National Safe Kids Campaign. Exactly 10 years ago this month, President Reagan declared the first National Safe Kids Week. Along with that proclamation came a challenge to protect America's children from preventable injuries—not just for 1 week, but throughout the year.

I said then and have said many times since that no one group can meet such a challenge alone. Government leaders, corporate America, parents and caregivers, volunteers and grassroots organizations like Safe Kids all play a vital role. When I testified before this committee at the halfway mark of this 10-year charge, I was happy to report to Senator Dodd that the unintentional injury rate had dropped by 16 percent.

I am thrilled to report today that we are making even greater progress in the fight against unintentional injury. Our success comes with the help of Government leaders like Chairman Jeffords, Senator Kennedy, Senator Dodd, Senator DeWine and Senator Abraham, as well as Government agencies like the National Highway Traffic Safety Administration, the Consumer Product Safety Commission and the Centers for Disease Control. And our Campaign would not be where it is today without the tireless efforts of our more than 240 Coalitions nationwide and the support of our corporate sponsors like Johnson & Johnson.

We are making great strides, but we still have a long way to go. This epidemic continues to kill and permanently disable America's children at an alarming rate. For more than 30 years, I was a pediatric surgeon. The tragedy of seeing young lives lost or forever altered by injury is not easily forgotten; nor is the heartache that comes from talking with parents who wished they had only known how to protect their children.

Mr. Chairman, 90 percent of all childhood injuries are preventable, yet injury remains the leading health threat to kids.

Several people will testify before this committee today to discuss injury prevention. You will hear from children whose lives have been directly affected by unintentional injury. Unfortunately, these children are only a small representation of the thousands of kids who end up in emergency rooms every day unnecessarily.

The National Safe Kids Campaign, good corporate citizens and effective Government agencies today will address what has worked during the past decade and what, quite frankly, has not worked and what we still must do to help parents and caregivers understand that these are preventable injuries.

Mr. Chairman, this issue demands our time and attention. I am hopeful that 1 day in the future, I will again be invited before this committee to report that unintentional injury is no longer the number one killer of kids.

Thank you again.

The CHAIRMAN. Thank you, Dr. Koop, and I am sure I speak on behalf of all of us here who thank you for your incredible contribution on this issue and all the other issues of public health. I look forward to your ability to be here in person sometime in the near future.

The CHAIRMAN. We will now turn to our first panel. Heather Paul is executive director of the National Safe Kids Campaign. In that capacity, Dr. Paul oversees more than 200 State and local coalitions throughout the country in an effort to mobilize community support for the prevention of unintentional childhood injuries. Dr. Paul has earned tremendous respect for her work in the area of health education.

The second and third witnesses on our panel are Cullen Dwyer and Mikaela Matten, who are representing the Safety Stars who have come to Washington to help celebrate the 10th anniversary of the National Safe Kids Campaign. Cullen Dwyer is 14 years old and lives in Pembroke, MA. He has become an outstanding advocate for helmet safety after finding out the hard way how necessary they are.

Mikaela Matten is joining us today from Marietta, GA. This 12-year-old found out firsthand that not all parents' rules are stupid.

I am pleased that each of you could join us today, and I look forward to hearing from you.

Dr. Paul, please proceed.

STATEMENTS OF HEATHER PAUL, EXECUTIVE DIRECTOR, NATIONAL SAFE KIDS CAMPAIGN, WASHINGTON, DC; CULLEN DWYER, CHILD SAFETY STAR, PEMBROKE, MA; AND MIKAELA MATTEN, CHILD SAFETY STAR, MARIETTA, GA

Ms. PAULG. Thank you, Chairman Jeffords.

It was wonderful of you to show the clip of Dr. Koop. He has certainly stayed the course and been with us over the years. He was on the Today Show a few months ago, and he was discussing his afterlife and where he might spend it, and he was asked whether there should be a role for a Surgeon General in this Nation, and he said absolutely, since half the Nation still thought he was Surgeon General only months ago—but Dr. Satcher will probably change that.

I want to thank you, Senators Kennedy, Dodd, DeWine and Collins for joining us today for such an important airing of important facts.

As you said before, Senator Dodd, you were with us in 1989 and in 1994, and now we are going to proceed with the best progress of all that we have to date. We have always said that we had the cure, that we had the formula, if only society could place a higher priority on prevention. But unintentional injury is still the number one killer, taking the lives of over 6,600 children a year and permanently disabling over 120,000 a year.

However, there is definitely good news that I bring today as we release to the Nation our National Safe Kids Campaign report, which shows a dramatic 26 percent decline in the unintentional childhood injury death rate over this last decade. This means that we know what it takes to keep children from dying in car crashes, from burning to death in homes without working smoke detectors, from getting disfigured for life from scalding water or grease, or dying from a massive head injury just while out riding a bike.

But this takes teamwork. We have needed community-based advocacy, and with Safe Kids, with its 245 coalitions around the country where, at a very local level, we have done what we needed to do, which is touch individual lives.

We have needed government bodies to pass laws and enforce them. We have needed good research to back up our strategies, and we have needed corporations themselves to put their resources behind the education efforts that enable the most highly-respected companies in the Nation, like Johnson & Johnson, to do well and also to do good. We are very proud of these partnerships.

Turning to our report to the Nation, let us take bike safety as our best example of good news. We have seen a full 40 percent decline in the death rate in the last decade. There is no mystery to why we see this progress. It is the simple use of a bike helmet that has become much cheaper and "cooler" and well-marketed as essential gear.

We all know that 10 years ago, we rarely saw anyone in a bike helmet. Greg LeMond is here to attest to the fact that even the pros back in the eighties did not use the hard shell helmet until visionaries like himself started doing it.

And it has indeed been teamwork that started this irreversible trend. We have worked with the Consumer Product Safety Commission on its uniform standard for helmets thanks to congressional passage of the Child Safety Protection Act of 1994. The manufacturers, such as Bell Sports, have streamlined their designs and brought prices down, and Safe Kids Coalitions in 15 States have worked hard to pass the bike helmet laws that we see as an upward trend.

Let us take fire safety as an example. We have seen a full 40 percent decline in death rates among children from fire, too. Again, this is not astrophysics. Ninety-three percent of homes in America have smoke detectors, and they need to be checked regularly.

Perhaps prevention has been obvious, but it has hardly been simple. That has taken the efforts of advocates lobbying State governments to institute more and stricter laws, firefighters who have become heroes as installers of smoke detectors in low-income housing projects, and families themselves who have just simply heeded these prevention messages.

We have also seen a 30 percent decline in the drowning rate among children. This means that education campaigns really work. Supervision is higher on families' minds when it comes to pool safety, CPR training, and the use of four-sided fences and self-locking gates. In open bodies of water, more young people are learning to swim, and better-designed personal flotation devices—we have a PFD here today; it is much lighter and easier to wear than years ago.

The death rate from poisoning has also dropped 28 percent. Huge declines first came with Congress' passage of the Poison Prevention Packaging Act, but since then, child-resistant packaging is increasingly prevalent. Poison Control Centers across the Nation help parents address exposures, and parents simply are more vigilant about safe storage of vitamins, medicines and other potentially harmful substances. We are very grateful for Senator DeWine's support of this important poison control bill.

Children dying or seriously injured by darting out in traffic is one of parents' worst nightmares—and we are going to hear Cullen's story here shortly. These death rates have declined by 32 percent. This means that parents are doing a better job supervising young children and teaching them the rules of the road.

Communities and schools are also doing a better job of creating safer walkways, low-speed zones and urging drivers to take precautions.

But now let us turn to what is equally important—the bad news. This good news is encouraging because we build our arguments that laws and behavior change absolutely work, but now we must make a stronger case to bring these numbers down, especially in areas of motor vehicle safety. Progress here is unsatisfactory. Death rates from motor vehicle crashes for children have shown little change. Eighteen hundred children are still dying each year, with tens of thousands more injured. We know why. Nearly 40 percent of children still ride unrestrained, and four out of five car seats are improperly installed. That is an astounding number, and we see it through our car seat checkups around the country almost every day.

Safe Kids Coalitions know that first-hand, and we will continue to work very hard, again, touching individual families as we look inside these cars. General Motors has helped enormously in setting up our program with General Motors dealerships to do this.

However, what is not reflected in our report is the impact of the past 2 years' renewed attention to America's seat belt use patterns, and Dr. Martinez is here to talk about that as well. Federal agencies such as NHTSA, bolstered by the President's own mandate for 85 percent use by the early 21st century, promise great results, as does the commitment of companies like General Motors to educate their dealers to then educate parents, as Bob Lange will tell us in a few moments.

But we must stay the course. All seat belt laws must be primary enforcement laws, the car and car seat industry needs to solve the problem of compatibility and ease of use, and parents must further get the message—kids in the back, staying away from air bags, and that overall, seat belts and car seats are indeed a matter of life and death.

There is so much more to do. Much to the world's ongoing disbelief, as was mentioned this morning, 40 percent of American homes have guns. We need more gun safety initiatives and more use of the cardinal rule that guns are always safely stored, unloaded and away from children. The latest school tragedies, albeit not unintentional, are still the direct result of lax practices when it comes to gun access.

Sports-related injuries continue to mount, with over a 50 percent increase, with over 3.2 million children suffering these injuries every year. As we know, we have many more girls involved in organized sports, which is the good part, but we really do not think a badge of courage should be knee surgery for a 15-year-old lacrosse player, so we have really got to change, especially when we know what really works. We know we have got to have more safe equipment, better conditioning, and a better understanding of the limitations of children playing organized sports at an early age.

So finally, our message is twofold—prevention works, but there is much more to do. Prevention must be better in all aspects of children's health, from managed care to the allocation of Government spending. We know what works, and we can always prove it.

But the societal commitment to prevention is permanent and endless. There are new children and new parents created every, single day. There is also a continuous stream of new people in America who need to learn the lessons of safety sometimes for the very first time. Our ongoing messages must meet the challenge of cultural difference.

But if these tasks are endless, they are certainly not thankless. We have two young people here today who will make it very clear that there is a preciousness of every, single life saved.

Finally, the United States has the opportunity to set a world standard for childhood injury prevention. The scourge of infectious disease worldwide is gradually being replaced by killers such as motor vehicle-related injuries in countries that are increasingly urbanized and overpopulated. To that end, we are forming Safe Kids International with founding sponsor Johnson & Johnson. Johnson & Johnson's employee commitment to children is going overseas. The winning formula is sound research, strong laws, sophisticated media strategies and, most important of all, grassroots commitment.

Thank you, Senator Dodd, for your longtime support at a Federal level and as honorary chair of Safe Kids Connecticut. Joining with Senator Abraham and his wife, whom we had on the Michigan road doing car set checkups, you have recently sponsored and had passed the Child Occupant Protection Act which provides funding for parent education.

Thank you, too, Senator DeWine for your support, along with your wife, of our Ohio coalitions and your recent sponsorship of the Poison Control Center Act to shore up our centers around the country which are always under siege when it comes to financing.

And thank you, Senator Kennedy, for always keeping America's eyes on the prize—good health for all of our children.

And finally, a special thanks to Senator Jeffords for this extraordinary forum. This Senate hearing gives the highest dignity to our report, the problem of childhood injury, and is a tribute to those who sit on the panels today—the kids themselves, Federal agencies, our sports heroes, and good corporate citizens who are working so hard to keep kids safe.

The 21st century should be a safer place for children where they can grow up unharmed to fulfill their dreams. We believe this report sets the agenda for Safe Kids in a new millennium.

At this point, I would like to turn it over to the voices that you really need to hear. I would like to introduce Cullen Dwyer from Pembroke, MA, who has a very compelling story about how important it is to prevent these injuries.

Cullen?

Senator DODD. If I could interrupt, Mr. Chairman, it might be fun to have the other 21 children come right up in front here, so they can all hear.

Ms. PAULG. That is a great idea.

Senator DODD. Why don't you all come and join us up here?

The CHAIRMAN. Yes. Please come up, sit down, and make yourselves comfortable.

Senator DODD. Welcome to the committee, all of you.

The CHAIRMAN. Right. You are all heroes. We appreciate it.

Senator KENNEDY. Mr. Chairman, I just want to add a word of welcome to Cullen. He is an extraordinary individual and has shown incredible courage and is now using his own personal tragedy to try to help other children. It just shows that you do not have to be a Senator to make a difference; you can be someone like Cullen, who is out there, talking to other children and telling them about how they can live safer lives.

So we want to thank you very much, Cullen. We hear from a lot of people who sit in those seats who are experts, but today, on this subject, you are the expert. We thank you for all you have done so far in helping children to have safer lives, and we thank you very much for being here.

The CHAIRMAN. Please go right ahead, Cullen.

Senator DODD. That is a good-looking blue blazer, too, Cullen.

Mr. DWYER. Thanks.

Thank you, Senator Kennedy, and thank you all for inviting me here.

Good morning. My name is Cullen Dwyer, and I live in Pembroke, MA, and I am 14 years old. One day, I was playing in-line hockey in a neighbor's driveway with some of my friends. The last thing I remember is hearing Bobby yell, "Look out!" when I skated into the street to get a hockey puck. But it was too late—I did not see the car coming.

I was hurt so badly I had to be rushed to the hospital in a helicopter. Since I was not wearing my helmet, I got a serious brain injury, and both of my legs were broken, too. I was in a coma for a long time, and the doctors were not sure if I would live or not. But on Father's Day, more than a month later, I squeezed my dad's hand, and my family finally knew I would wake up from the coma.

That day changed my life forever. Sometimes I have trouble walking and talking. I have to work very hard to do things other kids do easily, like playing soccer and ice hockey. But now I can help other kids by telling my story. Kids do not always listen to adults, but they listen to other kids. Some kids say helmets are not cool, but take it from me, it is a lot better than being in the hospital for 6 months.

Thank you.

The CHAIRMAN. Thank you very, very much, Cullen. [Applause.]

The CHAIRMAN. Mikaela.

Ms. MATTEN. Hi. My name is Mikaela Matten, and I am 12 years old. I want to tell you how my bike helmet saved my life.

Ever since I was a little kid, my mom and dad had a rule that I had to wear a helmet, even on my tricycle. Last spring, I was bike riding with my sister, and I found out exactly why we had to stick to that rule.

My bike ran over a man-hole cover, and I lost control and was knocked out. I do not remember much except waking up in the emergency room, which was really scary. My face had lots of cuts and bruises, and I had a chipped tooth and a black eye. My mom said she screamed when she first saw me. My sister was so scared, she was crying—and she was not even hurt.

At first, everyone was really worried because I was forgetting things that had happened just that morning. The doctors gave me lots of tests to make sure I had not hurt my brain. There was a hole and three cracks on top of my helmet, but luckily, I only had a minor concussion.

If my parents had not made me wear my helmet, I might not be alive today. I want to tell kids to wear their helmets all the time; it could save their lives, too.

The CHAIRMAN. Thank you both. [Applause.]

Ms. PAUL. Senators, as you can tell, it is so important that you have the bravery of these kids to tell both sides of the story—those who were lucky enough to be wearing the gear, doing the right thing, on that 1 day; but for those who now also have a painful lesson to pass on to other kids. It takes a lot of courage to get up here.

The CHAIRMAN. It surely does. Mikaela and Cullen, I thank you for very helpful testimony. I would like to ask you a couple of questions, if I could.

How do you take care of what I guess some people refer to as the "geek factor," like "Stupid, why do you wear that helmet? You look like a dummy"? How do you get through to young kids that it is really a pretty cool thing to wear a helmet?

Mr. DWYER. Well, I would like to show them a picture of me in the hospital and ask, "Do you want to end up like this?" They would probably get the point. [Laughter.]

The CHAIRMAN. Mikaela, how do you do it?

Ms. MATTEN. Well, I really do not care what they say, because I know that what happened to me was severe, and I would not want that to happen to anybody else without wearing a helmet. So I think they can make the choice.

The CHAIRMAN. Well, I thank both of you. It just amazes me how many children we still see wearing no helmet and how you can feel like it is a dumb thing to wear it.

Dr. Paul, I appreciate all that you have done. You have Safe Kids Coalitions in every State in the Nation, including two in my home State of Vermont. Could you provide the committee with some specific examples of the kinds of activities State Coalitions participate in? What do they do?

Ms. PAUL. They are extraordinary people. They are the traffic safety police, the firefighters, the emergency nurses, the educators who are so committed to doing things locally. For instance, this week, they have safety fairs and bike rodeos and other community events around the country. They work closely with their local media so they can respond to crises that happen, like when a child falls out of a housing window, or when a child has been badly injured in a car crash. They were there with the statistics; they are there to give the best tips on how to prevent these injuries.

They also work hard in their State legislatures on passing important legislation like the 15 bike helmet laws we have in this country. We are now very involved in closing the loopholes on child occupant protection laws around the country so that children are covered at all ages right up to adulthood in seat belts.

The CHAIRMAN. Suppose I am a community leader, and I want to get involved. What do I do? How do I start?

Ms. PAUL. You can call your State Coalition; you can call our Campaign headquarters here in Washington. What we would do would be to determine whether you have local lead agencies already. Half of our 240 coalitions are based in hospitals around the Nation. Sometimes it is a safety council; perhaps it is a firehouse. And you would contract with us otherwise to start a new coalition. We have a very fascinating way of leveraging the resources around the country, because we ask, for instance, Children's Hospital in Atlanta to contract to spend 20 percent of one professional's time to organize a coalition. So that basically, we are leveraging one-fifth of a professional's time in 240 coalitions around the country every day.

The CHAIRMAN. Thank you.

Senator Kennedy?

Senator KENNEDY. Cullen, I have just a few questions. In Massachusetts, what sorts of things do you do with the SAFE KIDS Campaign to try to reach young people?

Mr. DWYER. Well, I go around to different schools, different elementary schools, and do the same thing I am doing here. I tell them my story.

Senator KENNEDY. Do you get nervous about talking to all these students? Do you mind doing that?

Mr. DWYER. No, I do not mind doing it, because it is an issue that I really like, and it is important.

Senator KENNEDY. And do you think they pay attention to you?

Mr. DWYER. Yes. I think they listen to other kids like their peers more than to adults.

Senator KENNEDY. So you spend a good deal of time doing this. Does it interfere with your school work, or do you mind doing it. It sounds like you are very busy.

Mr. DWYER. No, it does not interfere with my school work. I made high honors and honor roll and stuff.

Senator KENNEDY. Yes, "and stuff." OK. [Laughter.] So you are able to talk to all of these children and tell us in the Congress and Senate about it, too. Thank you very much.

Dr. Paul, as I understand the cost of helmets has gone from about $40 to about $4 or $5; is that right?

Ms. PAUL. Yes. It is extraordinary.

Senator KENNEDY. So that in the beginning, there was at least a reason why some people could not have their children wear helmets—they could not afford them; but that has changed dramatically, has it not?

Ms. PAUL. That is true, absolutely. And through Bell Helmet, for instance, we have distributed hundreds of thousands of free helmets to low-income children around the Nation, which is a great resource.

Senator KENNEDY. That is terrific.

Finally, we mentioned at the press conference earlier today the importance of car seats for children and the importance of putting them in correctly. Could you comment on that, because I know people will get the seats and put their children in them, but it takes a little effort to use them correctly, doesn't it?

Ms. PAUL. Yes. It is so important, and it is two messages. One is for those who are not restrained right now, the 40 percent, to just buckle up; that is the first message. But the second one underlying that is that four out of five seats are improperly installed, which means that maybe the smallest children are up front and should not be, are not rear-facing in the back seat, and they need to have the right locking clips and plates in place and be of the right age and in the right seat.

For instance, the booster seat is underutilized. Something like 10 percent of children from the ages of 4 to 8 and 40 to 80 percent who should be in booster seats are not; they are jumping into the adult system, which then creates major abdominal injuries or injuries that can be absolutely prevented in that booster seat. So we have some more important work to do.

Senator KENNEDY. So just getting the seat is really not enough; they need to know how to use it when to use it, and what age and weight are appropriate for each seat.

Ms. PAUL. That is right. And for the time that parents take, for instance, putting in a high-tech computer system or a VCR—take that same amount of time to read the car seat manual and your car manual to get it right. There is nothing more important.

Senator KENNEDY. Thank you very much.

Thank you, Mr. Chairman.

The CHAIRMAN. Before we continue, I would like all the young people to stand up and give your name and where you are from. I want to get you on the record.

Mr. MILLER. I am Marc Miller, and I am from Tempe, AZ.

Ms. QUESADA. I am Erin Quesada, and I am from Citrus Heights, CO.

Ms. GREEN. I am Rashaun Green, and I am from San Diego, CA.

Mr. HARRIS. I am Tommy Harris, and I am from Washington, DC.

Mr. CASTRO. I am Juan Castro, and I am from West Palm Beach, FL.

Mr. TISSUE. I am Justin Tissue, and I am from Salem, OR.

Ms. WEE. I am Kate Wee, and I am from Fargo, ND.

Mr. SILER. I am Jacob Siler, and I am from Bronson, MI.

Mr. BARTLETT. I am Drew Bartlett, and I am from Valley Falls, KS.

Mr. SWANSON. I am Donald Swanson, and I am from Amherst, NY.

Ms. CURRY. I am Katie Curry, and I am from Delaware, OH.

Mr. CAREY. I am Chris Carey, and I am from Indianapolis, IN.

Ms. COLLINS. I am Amber Collins, and I am from Farmington, ME.

Ms. SIMERSON. I am Felicia Simerson, and I am from Zebulon, NC.

Mr. RUSH. I am Tyrone Rush, and I am from Omaha, NE.

Mr. NEVILLE. I am Bradley Neville, and I am from Levittown, PA.

Mr. GUERRERO. I am David Guerrero, and I am from Portland, TX.

Ms. SUNDBORG. I am Stacy Sundborg, and I am from Yakima, WA.

Mr. CASTREJON. I am Jose Castrejon, an I am from Racine, WI.

The CHAIRMAN. All right. Thank you all very much. [Applause.] You can stay up here as long as you like. We would love to have you. You may get a little bored, and if you do, you can feel free to leave—the witnesses will forgive you.

Ms. PAUL. All these Safety Stars have a role to play. They will be visiting their Senators and Representatives, and some of them even have TV interviews, so their messages are getting out.

The CHAIRMAN. That is good. That is important. I will tell you that it is most important for the kids to be getting the message out, because that will do more than all of us Senators sitting up here.

Ms. PAUL. Absolutely.

The CHAIRMAN. Thank you.

Ms. PAUL. Thank you very much.

The CHAIRMAN. Senator DeWine, you have been commended for your work on behalf of the SAFE KIDS campaign in Ohio and have done much. Now you have an opportunity to ask questions and make a statement if you would like.

Senator DEWINE. Thank you, Mr. Chairman.

Let me congratulate you for holding this hearing again. It does provide a great opportunity to reach a number of people. After our press conference, I saw that a lot of the local media from these young folks' home States were interviewing them, and that will be playing back in their home States tonight, and that is another way to get the word out.

Let me just congratulate all the 21 who have come here this morning. I had the chance to talk to a couple of them, and their collective stories are great stories in the sense that they are instructive, and I think that if we looked at all the stories and got that information out, it would certainly save a lot of lives in this country. As Dr. Paul has pointed out, 90 percent of the accidents that kill young people today are in fact preventable. So I congratulate all of them and thank them very much.

Dr. Paul, let me follow up if I could on a question that was asked to you by Senator Kennedy and has to do with the picking out of the appropriate car seat and the installation of the car seat. We have seen the statistics that if you do a random check, 80 percent are installed incorrectly.

As a parent—and my wife Fran and I have been through this for a number of years; our oldest child is 30 and our youngest is 6, so we have been dealing with car seats for a long time—and we still have trouble, frankly, picking out the right car seat, making sure it is installed correctly, making sure it is appropriate for the child's weight.

What do you think is the basic problem? This is a difficult issue. I do not know if there is any other case where you will find 80 percent of a certain item installed incorrectly.

Ms. PAUL. Like many other aspects of safety, the technology is evolving, and I know that the goal of the Federal Government as well as the car manufacturers is to finally establish some kind of universal anchorage system that would allow any of the seats to fit into car. You have the annual change in the design of cars, you have many more car seat manufacturers who definitely meet a safety standard but have different ways of constructing seats. And then, of course, we have different children of different ages who need a different seat.

So that if you combine the variation in children and cars and car seat design, you have a tough issue.

Senator DEWINE. It is a tough issue. Where does the average parent then go—let us say you are a new parent and you have never done this before—where do you go?

Ms. PAUL. That is a very good question. Start with a car seat manual. It does a good job of trying to get that installation right. We are also proud that General Motors is now taking a lead in helping us with another teachable moment, and that is when we buy our cars, that the sales and service people within any dealership should know enough about child restraints to help parents choose one, first of all, and then lead them to good information. We have brochures and videos now available in all GM dealerships to help them.

Senator DEWINE. And that is a company policy now at GM?

Ms. PAUL. Absolutely.

Senator DEWINE. The protocol is that the salesperson or somebody in the showroom will know enough to explain it?

Ms. PAUL. We are in the course of getting folks better-educated, and we have written materials in every dealership.

There are other groups as well—the American Academy of Pediatrics is doing a good job in its TIP program of educating parents, and also the media now is much, much more responsive to issues of child passenger safety. There are very long features pieces now on getting it right. So that again, it is an evolving responsibility on all our parts.

Senator DEWINE. Let me move now to another related topic, and that is what looks like the flotation device over there, the orange life preserver. I like to take my kids fishing, and again, those have changed quite a bit over the years. When I used to take my son Patrick, or my daughters Jill or Becky, fishing 25 years ago, they were different. Do you want to explain what the difference is, because I know a lot of people still have the old ones hanging around.

Ms. PAUL. They are probably more effective than the old ones, and they are lighter.

Senator DEWINE. So that is more likely to be used, then.

Ms. PAUL. Yes; that is it. We need corporate partners. We need those who are going to manufacture to consumer tastes as well as adhere to the safety standard. So that something like this that is lighter, that is easier for kids to wear, will not be so much of a burden and still gets the job done. It is exactly the same way with bicycle helmets as well. We have some examples here that are Bell helmets, which are very cool, they are interesting, they are sleek, and they are light. The problem years ago was that they were so heavy and cumbersome that people just did not want to wear them. That is no longer the case.

So again, I think it requires the Government to pass the standards, parents to adhere to the messages and manufacturers to design to consumer taste.

Senator DEWINE. Let me move to one other subject if I could. I want to thank you for your support of our Poison Control Center bill. Poison Control Centers do a fabulous job. They are saving lives every, single day. They received over a million calls last year, and they are just doing an unbelievable amount of good. But one of the things that you have pointed out to me that I realize is that we have had a steady decline in the number of Poison Control Centers around the country. A number of them are not fully funded the way they should be; some are not even funded 24 hours a day. Half of them are not certified. We really need to bring about some more uniformity. Relying on them as a grassroots—we do not want to in any way lose that—but we also want to achieve some uniformity and possibly also go to a 1-800 number that will be a universal number so that wherever you are, you will know that you can pick up the telephone and dial that particular number.

I just wondered if you could comment on that.

Ms. PAUL. Absolutely. Poison Control Centers, which have always been housed inside hospitals, just reflect the siege that hospitals have been under when it comes to cost-cutting, so that unfortunately, that Poison Control Center can be one of the first things that goes. So what you will have is very disproportionate access in some major areas in which these still are on the budget and other poison control centers are kind of drifting away.

So we need to make sure that access is assured to everyone. We can cut down on emergency room visits when parents can make that panicked phone call and find out that there is something they can do within their home to prevent that needless emergency room visit.

Senator DEWINE. Thank you very much.

Mikaela and Cullen, thank you very much for your testimony. It was very good, and we appreciate it.

Thank you, Mr. Chairman.

The CHAIRMAN. I think there is one young man down here who did not get introduced. Would you like to stand up and tell us your name and where you are from?

Mr. Luftwitz. My name is Gabriel Luftwitz, and I am from Sterling, VA.

The CHAIRMAN. Thank you.

Senator Murray.

Senator MURRAY. Thank you, Mr. Chairman, for having this hearing, and thank you for the excellent testimony.

Just following up on what Senator DeWine was talking about in terms of poison control, this is an issue that I have worked on for a long time as a former preschool teacher. I know that 1.1 million children under the age of 5 are accidentally poisoned every year in this country, and that is 1.1 million too many. And Senator DeWine, you are absolutely right about access to good information, and we would like to work with you on authorizing.

I am also on the Appropriations Committee, and we are looking to get money to CDC for a 1-800 number, so I look forward to working with you on that.

I want to take a moment to mention my constituent who is here. Stacy Sundborg—Stacy, if you want to stand up and wave to everybody so we can see you—is a hero in my State. She is from Yakima. As you can see, Stacy is not real big, but Stacy saved her sister in a swimming pool and is now speaking out on drowning and issues like that. We are very proud of you, Stacy, and thank you for coming today. [Applause.]

Dr. Paul, my State has one of the highest drowning rates in the country. Of course, we have a lot of water, and obviously, that has an impact. But what are some of the recommendations you have for Federal, State and local groups in terms of preventing drowning?

Ms. PAUL. Well, I think we just look at what has worked so far, and since we have over a 30 percent decline in death rates from drowning, we know that four-sided fencing and self-locking gates are absolutely essential for residential pools; better use of CPR—there should be experts in every family who can help in an emergency, as we have heard today; using the 911; and the age-old maxim of constant supervision, that just because children at the ages of 5 or 6 or 7 are perceived as good swimmers does not mean they should be allowed to swim alone in open bodies of water or in commercial or residential pools.

So again, there are these endless messages that need to be repeated.

Senator MURRAY. And Stacy is a good spokesperson for that.

Ms. PAUL. Absolutely.

Senator MURRAY. I am delighted to see your continued work on seat belts and safety helmets. Cullen, when I was in the State Senate 10 years ago, I introduced legislation to require bike helmets for children under 15. My son was your age at the time, and he did not like the idea, so he got all of his friends to sign a petition against me. So I am going to go back and tell him—he is now 21—that you are out there working on the other side—and by the way, he now wears his helmet all the times.

So thank you for the work that you and Mikaela do; I think it is extremely important.

Mr. DWYER. Your welcome.

Senator MURRAY. Thank you, Mr. Chairman.

[The prepared statement of Senator Murray follows:]

PREPARED STATEMENT OF SENATOR MURRAY

There is perhaps no greater tragedy than the death of a child. As a member of the Labor, Health and Human Services Subcommittee on Appropriations, I have worked to increase research funding into childhood illnesses and diseases. I have supported efforts to immunize every child in this country by the age of two. All of this to prevent the tragic loss of a child from disease or illness. There are so many tragedies that we cannot prevent. No one knows how to prevent cancer from striking an innocent child; or how to prevent many birth defects that jeopardize the health and safety of our children. But, the intentional death of child from an accident that we can prevent is unacceptable.

The SAFE KIDS Campaign seeks to better understand why accidental injuries are still the number one cause of death for young children. With all the billions of dollars in medical research at NIH, it is still amazing to me that the number one cause of death of young children in this country is preventable. We can save lives and heart ache simply by better protecting our children.

As many of you know I have always had a strong focus on children and improving the lives of children. That is why I am here. I intent to use the findings from the SAFE KIDS Campaign as my legislative road map. I call on all of the members of this committee to join with me in acting on the recommendations of the campaign.

There is one area that I have always been concerned about. From my own experiences as a mother and later as a legislator—that is the unintentional poisoning of a child. IN 1996, 1.1 million unintentional poisonings among children ages 5 and under were reported to poison control centers across the country, and in 1995 80 children ages—14 and under were fatally poisoned. These are not just numbers, these are children. Many of these poisons were caused by common household products.

1.1 million children. I would say that these children and their parents deserve a better poison control strategy than the patchwork that currently exists. Most poison control centers operate on limited and uncertain funding. Little funds are left over to educate and communicate dangers to new parents. I know in Washington State we have a highly successful poison control education campaign—called Mr. Yuk. Speaking as a parent and former pre-school teacher, I know the success of this program. But, I also know that it takes a great deal of effort to make a successful poison prevention campaign work.

As a member of the Appropriations Committee I am hoping to secure funding within the Centers for Disease Control to establish a nation-wide poison control hotline, working with local poison control centers—similar to the successful domestic abuse hotline authorized in 1994. I know that it will take a considerable commitment from Congress to make—this a reality, and I am hopeful that the information provided by the SAFE KIDS Campaign will help me in this effort.

I applaud the work of the campaign and I appreciate the Chairman's schedule this important hearing.

The CHAIRMAN. Senator Dodd.

Senator DODD. Thank you, Mr. Chairman.

Again, I want to join in welcoming our 21 stars, particularly the two who have spoken here this morning.

We have examples up here of helmets that children can wear, and we have the car seats down here, which most people cannot see because they are on the floor. We talk about the things that work, but it might be worthwhile to see what a helmet that has saved someone's life looks like, such as in the case of Mikaela and that helmet she described. It might be worthwhile for kids to see that helmet and learn what happened in that case, the helmet would help to advertise the point.

Ms. PAUL. Yes, you are right. Those props—when you see that cracked helmet and think of that as the skull, it is incredible.

Senator DODD. Some States do similar things with cars. They will leave a vehicle that has been in a major accident. On a major highway I always thought that that was a pretty compelling billboard and slows you down when you see it. So it may not be a bad idea.

Ms. PAUL. Well, we asked Mikaela if she could bring her helmet that saved her life, and actually, this is a good story, because the hospital seized her helmet. That is part of the message, too—once you have been in a crash, a car seat or a helmet, even if you cannot ostensibly see the damage done, do not use that again. It is to be completely done away with. So that is why Mikaela did not bring that helmet.

Senator DODD. I was thinking about the car seats and the difficulty of installing seats. It seems to me I recall that one of the automobile manufacturers actually produces a car seat that is retractable that parents with young children could order. Obviously, it would cost you a bit more, but you could order a car that has built into the system the reverse car seat for young infants.

Is there anything like that, or am I just imagining it?

Ms. PAUL. First, I thought you were asking did the auto industry ever make car seats, and actually, General Motors made the first car seat called the "love seat," I believe back in the seventies. And since then there has been a whole industry that has evolved to make those seats. Some seats are internal to cars for small children. As I understand, they are not always most attractive to consumers, because they outgrow the need for the small car seat. But nevertheless, as we have said, there is much more work done on compatibility and the final fix, which should be a universal anchorage system to accommodate any seat. That day is coming, and the industry and the Government are working on that, as you have heard.

Senator DODD. You watch parents with two or three young kids and groceries and whatever else, and it is just mind-boggling.

Ms. PAUL. Yes, it is.

Senator DODD. I think it has been proven that most of these accidents occur within 5 minutes of people's homes, so the notion that, Oh, I am only 5 minutes from home, so I do not really need it, is the worst mistake you can make in a way.

Ms. PAUL. It is this business of you think you are playing the odds well, that it is just not going to happen to you. But as we know, a crash in a car is what we are all at highest risk for.

Senator DODD. It does not have to be high speed.

Ms. PAUL. Not at all.

Senator DODD. A lot of these injuries occur at very low speeds. I mentioned earlier the child care issue, and I gather there has been some discussion—we have raised this issue in the office with you over the years—about getting Safe Kids to work with parents and child care centers across the country on safety issues within these child care programs. We have 13 million children at this very hour who are in a child care setting somewhere in the country.

After school programs are beginning to grow. Parents need this service. And seeing to it that our child care centers are quality child care centers, with parents knowing what questions to ask, is very difficult. Sometimes you feel because there is a limited market that you do not want to be rejected. It is like applying to college to get into some of these places, so the last thing you want to do is be an annoying parent who is trying to get your child in a competitive slot.

What can you tell us about the efforts of Safe Kids in regard to child care?

Ms. PAUL. What we try to do is give parents tools so they can ask the right questions, and we have always had something called the family safety check, which has to do with childproofing for one's own home, but we also urge the same list to be used with a babysitter who is providing child care. I think it would be an excellent idea if we could do more concerted work in child care facilities around the country—not necessarily to turn parents into police, but just to be in charge of the right questions so they can check on the smoke detectors and know that those childproofing devices are in place. There is much more work to do.

Senator DODD. Yes, that would be a great thing. You might even do it through the media, newspapers, magazines, television public service announcements——

Ms. PAUL. Absolutely.

Senator DODD [continuing]. As long as it is not too much. It is just like everything else if the instructions become too long people won't use them. But an ad in a newspaper—here are 5 or 10 questions to ask about safety—that is the kind of thing that people will clip out and stick in their pocket, and when they go in, they will remember it and check those things out. I think it would be a great service.

Ms. PAUL. Absolutely. For the last 4 or 5 years through Johnson & Johnson, we have had the family safety check on grocery bags by the millions, and it is very interactive. You just fill it out. Sometimes we ask kids through schools to take it home and do the check with their parents for childproofing. But there is much more to do in that institutional setting.

Senator DODD. Great. I am a cosponsor of Senator DeWine's bill, which I think is an excellent bill that is coming along. And the gun safety locks—again, I just want to underscore that this is going to need a bit of a push. There are many different types of locks, but if the manufacturers would actually sell a weapon with a lock on it, those are some of the best. I would urge Safe Kids, maybe through the corporate sponsors, to talk with some of the corporate leaders in this area about helping.

Frankly, you do not have to have bills on all of this stuff. It is pretty basic stuff. It is kind of disappointing that we have to pass a bill to save the lives of children who grab these weapons in their homes and cause a tremendous tragedy to occur. I remember as a kid growing up, I almost caused a tragedy. I still think about it. It was 40 years ago when I picked up a gun in my home—we were hunters—and aimed it around the house and actually wound up aiming it at my father's briefcase and pulled the trigger and blew the lock off the briefcase. I still shudder when I think about it, with five brothers and sisters around the house, what horror I could have caused.

So I would hope that maybe we could get some corporate responsibility among gun manufacturers in this area and avoid having to pass a bill. There might be a lot easier way of doing these things. So I would urge Safe Kids to push this, and I think you will find a lot of support up here even among strong members of the NRA and other organizations. This is not an issue about whether or not you are for gun control; it is a question of whether or not you are going to save some lives in this country, and I am confident that corporate responsibility could kick in and save us from having to pass legislation.

Ms. PAUL. And we have seen an over 30 percent decline in death rates among children from firearms injuries, and it is because of better responsibility on the part of gun owners. But again, there is so much more to do, so our local coalitions are now distributing child safety locks for handguns that are very cost-effective and very high-quality.

Senator DODD. Finally, because I am not going to be able to stay, we are going to have on our next panel Mr. Greg LeMond, whom I had the chance to talk with earlier. We all have people whom we admire immensely in athletic endeavors, and for me, Greg LeMond is one of the most remarkable American athletes of this century to have won three Tours de France which is, I think, the most remarkable individual sporting event in the world for individual excellence. And Greg, I commend you immensely for your involvement with Safe Kids.

If you want to know how cool someone can look in a bicycle helmet, take a look at Greg LeMond, wearing a yellow jersey, by the way, in the Tour De France when he won that day's heats, and he wore those yellow jerseys an awful lot of times; and with that bicycle helmet on, I thought you looked terrifically cool, Greg. [Applause.]

Ms. PAUL. Senator, Greg is also more than cool. He is a great human being. And I just saw a great documentary that is going to come out soon, where he was one of the leaders going to Vietnam in the Vietnam Challenge, and he has been involved in world teams. So he is just a great human being.

Senator DODD. I had never met him before, and I was thrilled to meet you this morning, Greg. It is truly a day I will not forget. So thanks for being a part of this.

The CHAIRMAN. Senator Reed.

Senator REED. Thank you very much, Mr. Chairman.

I first want to commend both Mikaela and Cullen for their excellent testimony and for all the great work of all the Safety Stars.

Dr. Paul, I want to thank you, too. You have been very helpful to Rhode Island. Working with Nancy Fisher in Rhode Island, you have not only helped support our helmet law, you have also provided resources so that we can buy helmets for young people in low-income neighborhoods. Thank you for your valuable assistance.

There is another area of athletic endeavor that is becoming increasingly popular, and that is in-line skating. I wonder if you might comment on some of the risks and problems you see with that particular athletic endeavor.

Ms. PAUL. We see a slight, 5 to 10 percent increase in injury rates from in-line skating, but as we know, more and more kids are involved. It is often an urban past-time, on concrete or on sidewalks, doing all kinds of gonzo stuff. And I think that what we need to do better is have kids understand that it is very cool and very hip to wear a helmet as an in-line skater, as well as knee pads and wrist pads. It is very, very important. Oftentimes, again, it is a question of what the manufacturers can design to and what they advertisements look like—children are very, very influenced by the mass media, and everyone has a responsibility to make sure that that is part of the hip gear of such an extreme support.

Senator REED. In that context, have you been working with ESPN and other sponsors of these competitions?

Ms. PAUL. No, we have not done that directly. This year, for National Safe Kids Week, we are working with Sports Illustrated for Kids, and we have posters and messages for parents, and we have a partnership with Turner Broadcasting so that we have some of these messages out front this week.

Senator REED. One other area. I know you also work with the Centers for Disease Control, and I wonder if you might comment on that relationship and, since we have the jurisdiction for CDC, anything we might do to help this cooperation.

Ms. PAUL. We are very proud that there is a Center for Injury Prevention and Control under Dr. Mark Rosenberg. I am on that committee, as many other advocate groups are around the country, and I am glad to see that their appropriations have gone up this year. They do a very important job as the flagship for research and an understanding of unintentional injury in this country. As they work to rid the Nation of certain diseases, it is very important to put injury control at the top of the list, and that Center certainly does that extremely well.

Senator REED. Thank you very much, Dr. Paul, and thank you, kids, for your great work.

Ms. PAUL. Thank you, Senator Reed.

Mr. DWYER. You are welcome.

The CHAIRMAN. Senator Wellstone

Senator WELLSTONE. Let me be very brief and ask Cullen and Mikaela one question. When you talk to other young people, your friends, what do you think is the best way to make them really concerned about being safe? What are the things that you say to them that you think work? What is the best way to communicate with other kids, from your point of view, the message?

Mr. DWYER. I would just show them my picture and then tell them my story, and that if I had been wearing a helmet like Mikaela was, I would be out of the hospital in hours, but I was in the hospital for 6 months.

Senator WELLSTONE. So what you have done is you have taken your own injury, and you have the courage to make sure that other kids do not have this injury. Is that what you are saying?

Mr. DWYER. Yes.

Senator WELLSTONE. You are, as we Jewish people would say, a "mensch"—"mensch" means good person.

Mikaela.

Ms. MATTEN. Well, I would tell them what happened to me and what would happen if they do not wear a helmet and try to prove to them that it is a lot safer to wear a helmet than it is not to.

Senator WELLSTONE. So the two of you are very personal when you talk to others; you use your own lives, your own examples. Is that right?

Mr. DWYER. Yes.

Ms. MATTEN. Yes.

Senator WELLSTONE. Well, I know we have another Paul——

The CHAIRMAN. Two other panels.

Senator WELLSTONE [continuing]. Two other panels. And I just want to apologize. I came back, and I was hoping to stay, but there is a national Institute of Mental Health gathering that I promised to speak at, so I will have to leave again. I would just like to thank all of you very much.

Ms. PAUL. Thank you.

Mr. DWYER. Thank you.

Ms. MATTEN. Thank you.

The CHAIRMAN. Thank you very, very much, Dr. Paul, Mikaela and Cullen; excellent testimony.

Ms. PAUL. By the way, we have a cracked helmet here for your observation.

The CHAIRMAN. Thank you.

For the young people sitting down in front, I want to warn you that we probably have another hour or so to go in the hearing, but you might want to hear from Greg LeMond, so we will ask the next panel to come up and let Greg go first. Then you can choose whether or not you might want to hang around for the remainder of the hearing.

The CHAIRMAN. Our next panel includes three very important individuals involved in the success of Safe Kids. Ralph Larsen is chairman and chief executive officer of Johnson & Johnson. Johnson & Johnson was one of the first corporations to respond to President Reagan's efforts to protect children from unintentional death and injury. Each year, under the leadership of Mr. Larsen, Johnson & Johnson continues to be a leading corporate sponsor of the National Safe Kids Campaign.

I also want to take a moment to thank Johnson & Johnson for their great work in the area of early childhood development and education. It was my privilege earlier this year to participate in an event to raise funds for the Zero to Three Initiative, another excellent program supported by Johnson & Johnson.

We also welcome Greg LeMond, who became the first American ever to win the Tour de France, the world's most prestigious bicycle race. In April 1994, Mr. LeMond faced an even more difficult challenge. While hunting with his brother-in-law, he was accidentally shot and came close to death. Mr. LeMond had 46 shotgun pellets in his body. Wow.

Mr. LEMOND. I know lead poisoning.

The CHAIRMAN. Does that keep you going?

Mr. LEMOND. No; just a little bit lead helps me a little.

The CHAIRMAN. Two years later, Greg LeMond returned to the Tour de France, where he turned in the fastest trial time in tour history and overcame a seemingly insurmountable 50-second margin to win the Tour for the second time. He won the Tour for the third time in 1990. Mr. LeMond has been an inspiration to many young Americans and competitive adults cyclists. He has also been a vocal advocate for the prevention of unintentional injury among children.

Our third witness is Robert Lange, who is director of auto safety for General Motors Corporation. General Motors has demonstrated a strong commitment to vehicle safety for drivers, occupants and pedestrians. GM has been instrumental in the Safe Kids Buckle Up Program for the National Safe Kids Campaign. The program is successfully working to increase auto safety for children when riding in car. It includes educational programs to improve the use of child car seats and safety belts, helping low-income families to get car seats for their children, strengthening State seat belt and child car seat laws and other activities deigned to reduce the number of children hurt and killed in automobiles.

I know that all of you have very busy schedules. I really appreciate your agreeing to testify before the committee today.

Greg, why don't you go first since the young people may want to go elsewhere after your testimony.

STATEMENTS OF GREG LeMOND, CHAMPION BICYCLIST, WAYZATA, MN; RALPH S. LARSEN, CHAIRMAN AND CHIEF EXECUTIVE OFFICER, JOHNSON & JOHNSON, NEW BRUNSWICK, NJ; AND ROBERT LANGE, DIRECTOR OF AUTO SAFETY, GENERAL MOTORS CORPORATION, WARREN, MI

Mr. LEMOND. Thank you, Senator Jeffords and the rest of the committee. I did have a prepared statement with a lot of statistics, but I think you have heard a lot of them today. What I am going to give is a little bit personal history of how I started using a helmet.

I started racing bikes in 1976, and the "in" helmet at the time was what they call a "hairnet," which was a piece of leather with foam in it, and essentially all it did was protect your hair. It did not protect your head. Amazingly, that was the in vogue helmet until 1986. Prior to 1986—I turned professional in 1981—in professional racing, you race over 100 races a year, and Tour de France is one of those races; you train about 25,000 miles a year and race a total accumulated miles of about 25,000 miles, so you do a lot of mileage on your bike.

The one company that did produce a very safe helmet at the time was Bell Helmet. They have always been the leader of safe helmets. But at the time, an average helmet weighed a pound-and-a-half to 2 pounds and was considered not competitive for racing, although it was very safe. At that time, only what we considered the "turkeys" or the "geeks" wore those safe helmets.

But in 1983, a very big professional racer, a Portuguese rider, died from head injuries. He crashed one kilometer from the finish, rode across the finish, said he was fine, went back to his hotel, fell into a coma and died 2 days later.

I was fortunate and unfortunate in that that happened. In 1984, I was racing in Belgium and was wearing a "hairnet," which we all thought was somewhat safe—although we all kind of knew it was not—but it was mandatory—Belgium is the only country in Europe that has a mandatory helmet law, and even to this day, they have a mandatory helmet law, but the only requirement is a "hairnet," which actually has no safety value at all.

In 1984, I crashed and was knocked unconscious and spent 3 days in the hospital. I was fortunate in that the following year, 1984, my first son was born, and 2 years later in 1986, he started riding a bike, and I went out and bought a Bell child's helmet. In the winter of 1985, a guy named Jim Gentes came to my house with a prototype safe, aerodynamic helmet that he wanted me to race in the Tour de France, and I said, "This will never work. It is too heavy."

We took the "Baby Bell" helmet and developed what is today a current, lightweight, and I was the first professional rider to wear what they called a lightweight, hard shell helmet in 1986, and that was my first Tour de France victory. I still remember racing that race. I talked to my wife 1 day after a crash when I was wearing the helmet—and cycling is a very traditional sport in Europe that has been there since 1903; it is kind of like hockey used to be, where the professionals just did not wear helmets—but I started to wear a helmet, and I was the first to wear sunglasses, too, as eye protection, and one of the Dutch riders' wife was with my wife, and they were laughing at my helmet. That same day, in the final stage of the Tour de France, her husband crashed, was knocked unconscious and had head trauma. That started the trend for pros wearing helmets, and I kind of led the way.

The change has been incredible. We went from a very lightweight "hairnet" helmet to what is today called the new Bell "Intercooler," which weighs 8 ounces, is incredibly comfortable and provides incredible ventilation so there are no complaints about heat—all the professional racers used to say it is too hot, and it is too heavy—and today, there are really cool helmets, and kids can look at these helmets. There are even neater ones out there. I have three kids, and they all wear helmets. And I have to say that listening to the testimony of these kids today, it not only affects the kids, but it affects the parents. Your brain is a vital part of your body. I do a lot of charity work with disabled people, and with physical disabilities like paralysis, people still lead very productive lives—they still have their brains—but when you lose your mental capacity, you lose a large part of your life. So wearing a helmet is crucial.

There are three things that I think can help. One is legislation. Fifteen States have helmet legislation for those 14 years and older. I am not certain you have to do that for older people, if you understand that if kids start wearing their helmets like seat belts, when they are adults, they will be wearing helmets. Not only will you save children's lives, but you will save adult lives and teenage lives.

So I do think legislation is crucial; education, and creating safe bicycling environments. Bike paths are essential, especially for the adult biking community. In ISTEA, they have provided funding for bicycle paths, and I thin it is just crucial to provide safe biking environments.

So I would just like to say that it has been an honor to be here, and I do believe that Safe Kids is a great campaign for educating people, and I think education is crucial, educating the parents and educating the kids.

I would like to thank you all for having me here.

The CHAIRMAN. We very much appreciate your being here. I cannot think of anyone who could convince young people to wear a helmet more than you could with the words that you have given us here today. I think you will help again and again and again in saving the lives of our young people.

Thank you for your testimony. [Applause.]

Mr. LEMOND. Thank you.

[The prepared statement of Mr. LeMond follows:]

PREPARED STATEMENT OF GREG LEMOND

Good Morning Chairman Jeffords, Senator Kennedy and committee members. Thank you for the opportunity to discuss an issue that is so important to me personally, and important to so many children and families across the nation; bicycle safety and in particular bicycle helmet use. My name is Greg LeMond and I am a cyclist. As a professional cyclist who has ridden at speeds up to 60 mph, on winding curves of the Tour de France, and hundreds of bike races around the world, I have seen first hand how essential helmets are. And I have seen the devastation of riding without one. But I am not here today as a professional cyclist, I am here as the father of three young children who is motivated by keeping his kids safe. Needless to say, my children never ride their bikes without wearing a helmet.

The statistics are quite remarkable. More than 70 percent of children ages 5 to 14 ride bicycles. That is approximately 27 million children. 250 children ages 14 and under die in bicycle related crashes every year, with head injury as the leading cause of death in bicycle crashes and the most determinant of bicycle-related death and permanent disability. Head injuries account for more than 60 percent of bicycle related deaths, more than two-thirds of bicycle related hospital admissions, and about one third of hospital emergency room visits.

Significantly, every bicycle helmet saves this country $395 in medical costs and other costs to society. It is the single most effective safety device available to reduce head injury and death from bicycle crashes. If 85 percent of all child cyclists wore bicycle helmets in one year, the lifetime medical cost savings could total more than $109 million.

There is no question that bike helmets are effective. Unfortunately, only 15 percent to 25 percent of America's children wear bike helmets. Good news though Mr. Chairman, we know how to increase usage.

First

Requiring kids to wear bike helmets by way of a state law is one of the most effective ways. 49 out of 50 states have safety belt laws; all 50 states have child safety seat laws; but only 15 states have bike helmet use laws. (Show Bike Helmet Legislative Chart). Studies show bicycle helmet legislation works. Such laws effectively increase bicycle helmet use and reduce bicycle related death and injury among children covered under the law. The state of New Jersey is a perfect example. That state released a study showing that five years following the passage of its state mandatory bicycle helmet law for children ages 13 and under, bicycle related fatalities decreased by a whopping 60 percent. These laws coupled with effective enforcement help parents convince their children to wear a bike helmet every time they ride.

Second

The bike helmet marketplace is now less confusing. In February of this year, with the help of Congress and through the Child Safety protection Act passed by Congress in 1994, the Consumer Product Safety Commission approved the first Federal safety standard for bike helmets. This standard allows people to know that the bike helmets they buy meet stringent Federal requirements aimed at preventing head injuries. The new standard concentrates on a more protective helmet design for riders 1 to 5 years old and adds mandatory tests to make sure helmets do not roll off in a crash. (show helmets as a prop) The effective date of the regulation is February 1, 1999, but companies like Bell Sports, who manufacture more helmets than any other company, has already re-tooled and its helmets meet this new standard today.

Third

State laws and quality products are only part of the battle. It is critical to empower both parents and children through education. Over the past ten years organizations like the National SAFE KIDS Campaign, United States Consumer Product Safety Commission, and the National Highway Traffic Safety Administration, have educated children and parents on bicycle safety and helmet use. They have used such tools as videos, public service announcements, bike rodeos, brochures and helmet give-away programs to show that helmets are a necessity not an accessory. Fortunately manufacturers recognize children are reluctant to use a bike helmet because they sometimes look un-cool and feel uncomfortable. New models on the market today are more hip and are designed with comfort in mind. These types of efforts need to be continued.

Fourth

Bike helmet use laws, education and the new bicycle helmet standard is a significant start but we need to do more. Children need access to safe biking environments. The United States Congress has supported such efforts in the recent version of its Intermodal Surface Transportation Efficiency Act (ISTEA). I hope that you will keep amendments in this legislation supporting safe biking environments. Children also need to be educated on the rules of the road and to have funded distribution programs for safety equipment.

Chairman Jeffords and committee members, thank you for allowing me to testify today on an issue I hold close to my heart. I hope we can all work together to make helmet use among children ages 14 and under increase. I have a strong desire to make these bike-related unintentional injuries a statistic of the past.

The CHAIRMAN. Mr. Larsen, please proceed.

Mr. LARSEN. Thank you, Mr. Chairman, Senator DeWine.

It is a pleasure to be here today along with these wonderful young people.

It was 10 years ago that Dr. Koop and Dr. Marty Eichelberger presented Johnson & Johnson with an unusual opportunity to get involved in the Safe Kids Campaign. During that effort, we were asked to start a corporate nonprofit partnership which was kind of new at that point to address what had clearly become an epidemic that was needlessly killing and injuring children every day across the country.

I guess while we were somewhat aware that injury was an issue, we were shocked to learn the extent of the problem and that thousands of children were dying each year from unintentional injuries and that 90 percent of those injuries were preventable.

So it was not a very difficult decision for us as a company to team up with the Children's National Medical Center to start the National Safe Kids Campaign, and I am really pleased that we did so.

Indeed, Johnson & Johnson wanted to play a part in protecting America's children. As I mentioned, we make every conceivable type of medical product, including the most sophisticated, but in our heart of hearts, we are still "the baby company," so this is something we are really interested in.

Johnson & Johnson, throughout its more than 100-year history has worked hard—we are not perfect, but we have worked hard—to try to build a reputation based on trust and caring and improving the health and well-being of mothers and babies and the entire family.

Underscoring this commitment to prevention, I believe the National Safe Kids Campaign is one of the bet examples that we have seen of a corporate/nonprofit partnership making a difference that can in fact be measured in the number of lives that are saved and the injuries that have been prevented. The progress made by this program clearly illustrates the power of a grassroots effort by getting volunteers involved at the local level, and that is an effort that began 10 years ago, with just 40 volunteer coalitions in a few States.

Today, as I mentioned, there are more than 240 Safe Kids coalitions in every State of this Nation, including Puerto Rico and the District of Columbia, and we are pleased to note that many Johnson & Johnson employees actively participate in these Safe Kids programs—we are not just giving resources, but our employees are involved. As Dr. Koop noted in his video clip, this week marks the National Safe Kids Campaign, and it is also the 10th anniversary of this activity.

Throughout the week, the volunteer coalitions everywhere are teaming up with our retail partners to make sure that kids are "Safe at Home, at Play and On the Way," which is our campaign theme this year. Coalitions are conducting interactive safety events to help parents and their children learn hands-on safe behavior. We believe that this will enable families to learn together about making their homes a safer environment.

We are also reaching children and families throughout schools across the Nation. This week, teachers are distributing millions of posters filled with valuable sports safety information and tips as we approach the summer season. We think it is worth noting that some 3.2 million children between the ages of 5 and 14 suffer injuries related to sports and recreation each year, so as we approach the summer season, it is appropriate that we step up our activities.

Parents are also receiving special injury information from our retail partners across the United States, where more than 60,000 stores—drugstores, supermarkets, places in your communities—will be having Safe Kids displays and disseminating information.

As a company, we realize how effective each new program, on both the local and national level, can be in saving lives and helping to reduce challenging health care costs.

The fact is that injury is the leading cause of medical spending for children. The lifetime cost of unintentional injury among children 14 and under—and this is staggering to me—is nearly $180 billion. Most of these unintentional injuries to children are treated in hospital emergency rooms—an important, but obviously very expensive, environment.

As Dr. Paul so eloquently pointed out and our young Safe Kids Stars in the earlier panel noted in their summary today, simple intervention techniques can be very inexpensive. It is a matter of children talking to children. It is a matter of making parents aware of the dangers so they do not have to say "If only I had done this," or "If only I had done that."

Each year in this country, approximately 80 children age 14 and under are fatally poisoned, primarily by household cleaning products, but also by over-the-counter and prescription products that are not safely out-of-reach or locked away.

In 1986, with the cooperation of Federal agencies, including the Consumer Product Safety Commission, the pharmaceutical industry helped play a role in the development of the first child-resistant packaging. I think we have all come to realize that that has been a vital and low-cost intervention that has directly resulted in many fewer poisonings to children and thousands of dollars saved in medical expense and treatment.

In fact, since the passage of the Poison Prevention Packaging Act, I am told the Consumer Product Safety Commission estimates that more than 700 children's lives have been saved from poisonings from prescription or over-the-counter drugs.

There is another resource in place to help in situations when kids do get into dangerous household cleaners or medications—and it is amazing what kids can get into; we all have children and grandchildren, and they amaze you with their ingenuity and quickness at finding things that can be harmful—and that is the Poison Control Centers. Each year, more than 1.2 million unintentional poisonings among children age 12 and under are reported to Poison Control Centers in the United States, and nearly 90 percent of these calls involve children age 5 and under.

Unfortunately, funding for these centers is uncertain and has been uneven, so Johnson & Johnson is pleased to support the goals of Senator DeWine's legislation to ensure that these vital centers are available to meet the needs of parents and children.

I know we are all pleased with the great progress made in the past 10 years by Safe Kids and its partners, and we especially want to reemphasize the remarkable 26 percent decline in the unintentional childhood injury and death rate achieved since the inception of this National Safe Kids Campaign, also highlighted this morning by Dr. Paul in her summary of the Safe Kids report to the Nation on unintentional injuries. She made that point very, very well. It is an important step, and it is important progress; however, this is not the time to slack off, this is not the time to let up. This is the time to learn from what we have seen and to reenergize our efforts.

The fact is that every day, young people start new families with the birth of their firstborn children. They need information, resources and direction before it is a tragedy in the family.

I am particularly concerned about the urban areas of our cities which continue to pose a greater risk of injury to children, and nonprofit and Government agencies continue to compete for business support and funding in an environment of tighter budgets and business support, but that is something we have to do.

In closing, I speak on behalf of our more than 90,000 Johnson & Johnson employees around the world, most of whom are parents, most of whom are with us because they are, as well as the tremendous support we are receiving from our retail partners across this Nation.

The involvement of Johnson & Johnson in working together with Safe Kids and our retail partners has been a great experience for us. It helps to demonstrate the excellent success and the positive influence that private/public partnerships can play in dealing with tough issues. This program enables us to combine the experience of public health and safety specialists with the expertise we have developed over decades of working with parents, children and medical professionals and knowing something about advertising and communications.

So our corporation is pleased to be associated with an initiative so vital to the future of our children—our Nation's most precious resource.

I thank you very much.

The CHAIRMAN. Thank you. The entire Nation is indebted to the efforts of Johnson & Johnson. You are a founding sponsor of this whole effort. Your continued involvement has brought about such dramatic results. We thank you. [Applause.]

[The prepared statement of Mr. Larsen follows:]

PREPARED STATEMENT OF RALPH S. LARSEN

Good morning, Chairman Jeffords, Senator Kennedy and other members of the committee.

I'm Ralph Larsen, Chairman & CEO of Johnson & Johnson, and I appreciate the opportunity to share my thoughts with you this morning.

Ten years ago, Dr. Koop and Dr. Marty Eichelberger presented Johnson & Johnson with an opportunity to help meet a need that was literally unheard of—we were asked to start a Corporate/Non-profit partnership to address an epidemic needlessly killing and injuring children every day across the country.

We learned thousands of children were dying each year from unintentional injuries, and that 90 percent were preventable. So, it was not a tough decision for us to team up with Children's National Medical Center to start the National SAFE KIDS Campaign, based here in Washington.

Indeed, Johnson & Johnson wanted to play a part in protecting America's children, and we are extremely pleased and proud of this important partnership and its progress. Throughout its 112-year history, Johnson & Johnson has worked very hard to build a reputation based on trust and caring, and to improve the health and well-being of families—mothers, infants and children, as well as fathers and all others.

Underscoring this commitment to prevention, the National SAFE KIDS Campaign is one of the best examples we have seen of a Corporate/Non-profit partnership making a difference that can be measured—for the progress made by this program clearly illustrates the power of a true grassroots effort that began 10 years ago with 40 volunteer coalitions in a few states.

Today, there are more than 240 SAFE KIDS Coalitions in every state, as well as Puerto Rico, and the District of Columbia. And, we are pleased to note that many Johnson & Johnson employees actively participate in these SAFE KIDS programs across the country.

As Dr. Koop noted in his opening video clip, this week marks National SAFE KIDS Week, and it is also the 10th Anniversary of SAFE KIDS. Throughout the week, volunteer coalitions everywhere are teaming with our retail partners to make sure kids are Safe at Home, At Play and On The Way—our campaign theme this year. Coalitions are conducting interactive safety events to help parents and their children learn hands-on safe behavior. This will enable families to learn together about making their homes a safer environment.

We are also reaching children and families through schools across the nation. This week, teachers are distributing millions of posters filled with valuable sports safety information and tips. It is worth noting that 3.2 million children between the ages of 5 and 14 suffer injuries related to sports and recreation each year.

Parents are also receiving special injury information from our retail partners, where more than 60,000 stores are distributing safety fact sheets this month.

Johnson & Johnson also realizes how effective each new program—on both the local and national level—can be in saving lives and helping to reduce challenging health care costs.

Injury is the leading cause of medical spending for children. The lifetime cost of unintentional injury among children 14 and under is nearly $180 billion.a Most of these unintentional injuries to children are treated in hospital emergency rooms—an important, but expensive, environment.

As Dr. Paul and our young SAFE KIDS panelists noted in their summary of the SAFE KIDS Report to the Nation, simple intervention techniques are inexpensive to implement and save millions of health care dollars—poison prevention is a good example.

Each year in this country, approximately 80 children age 14 and under are fatally poisoned, primarily by household cleaning products, but also from Over-The-Counter and prescription products that are not safely out of reach or locked away.

In 1986, with the cooperation of federal agencies and the pharmaceutical industry, we played a leading role in the development of the first child-resistant packaging—a vital, low-cost intervention that has directly resulted in fewer poisonings to children, and thousands of dollars saved in medical expenses and treatment.

- Sports & Recreational Injuries in U.S. Children & Adolescents—Archives of Pediatrics and Adolescent Medicine, Sept 1995; Vol. 149:1009-16.
- Children's Safety Network, Ted Miller, Ph.D. Economics & Insurance Resource Center, 1993, 1996.
- Children's Safety Network, Ted Miller, Ph.D. Economics & Insurance Resource Center, 1993, 1996.

In fact, since the passage of the Poison Prevention Packaging Act, the Consumer Product Safety Commission estimates more than 700 children's lives have been saved from poisonings from prescription or Over-The-Counter products.

There is another resource in place to help in situations when kids do get into dangerous household cleaners or medications—Poison Control Centers. Last year, more than 1.2 million unintentional poisonings among children age 12 and under were reported to Poison Control Centers in the United States. Nearly 90 percent of these calls involve children age five and under.

Unfortunately, funding for these centers is uncertain. So, Johnson & Johnson is pleased to support the goals of Senator DeWine's legislation to ensure these vital centers are available to meet the needs of parents and children.

I know all of us are pleased with the great progress made in the past 10 years by SAFE KIDS and its partners. And we especially want to emphasize the remarkable 26 percent decline in the unintentional childhood injury death rate achieved since the inception of the National SAFE KIDS Campaign in 1987—also highlighted by Dr. Paul in her summary of the SAFE KIDS' Report to the Nation on Unintentional Injuries.

However, we cannot be complacent or slow down our efforts now. Everyday, young people start new families with the birth of their first-born child, and they need information, resources and direction. Urban areas of our cities continue to pose a greater risk of injury to children, and non-profit and government agencies continue to compete for business support and funding in an environment of tighter budgets.

In closing, I speak on behalf of the more than 90,000 Johnson & Johnson employees around the world—most of whom are parents—as well as our retail partners and our shareowners.

The involvement of Johnson & Johnson in working together with SAFE KIDS and our retail partners helps to demonstrate the excellent success and positive influence that private/public partnerships can play in dealing with tough issues. This program enables us to combine the experience of public health and safety specialists with the expertise we have developed over decades of working with parents, children, and medical professionals.

Our Corporation is pleased to be associated with an initiative so vital to the future of our children—our nation's most precious resource.

As we noted 10 years ago, when SAFE KIDS began, we believe prevention and education continue to be our most promising vaccine for challenging an epidemic—unintentional injuries and deaths to our children.

The CHAIRMAN. Mr. Lange.

Mr. LANGE. Thank you, Senator.

On behalf of the women and men of General Motors Corporation, I thank the Senator for holding this hearing and you in particular, Senator Jeffords, to call attention to the important issue of child safety, to celebrate the progress made to date, and to refocus our efforts on what must still be done.

GM is pleased and honored to have been invited to participate in this hearing, and it is our hope that the attention the hearing can bring to this issue will inform and influence the behavior of parents and other caregivers in order to increase child safety. We know that your colleague, Senator Abraham, has been very diligent and effective in child passenger safety issues, including his family's close ties to the Michigan Safe Kids Campaign and his important child safety amendment added to the ISTEA bill.

GM is also pleased and honored to partner with National Safe Kids in its nationwide efforts to improve child safety. the partnership is a natural one, for we have a great commonality of interest in motor vehicle child occupant safety.

I do not want to take up the Senate's time talking about the steps GM is taking to improve child safety. Much of that work is outlined in my written comments and attachments submitted for the record. Let me say only that GM hopes it will soon be absolutely unacceptable for children to ride unrestrained in a motor vehicle.

Today, the focus most deservedly is on National Safe Kids. With regard to motor vehicle safety, its primary activities concentrate on delivering appropriate child safety messages to parents and other caregivers. A key project is the Child Seat Checkup Program conducted by the National Safe Kids Campaign local coalitions at GM dealerships. To date, the Campaign has conducted about 300 events in 46 States and checked and instructed people in the installation of more than 6,500 child seats.

These dealership child checkup events are very important. They teach parents and caregivers to properly install and use child seats in their cars or trucks. These events are also used to check seats and remove defective seats from use. In the checks completed so far, about 1,200 defective seats have been exchanged for new ones.

We should all thank the National Safe Kids Campaign and everyone involved with the Campaign for the good and important work they do. Our thanks go to Dr. Koop for lending his continuing assistance to the Campaign; of course, to Johnson & Johnson for its primary role as initial sponsor to the Campaign; to Dr. Marty Eichelberger for his thoughtfulness, leadership and daring in creating the Campaign and for his continued work in sustaining it and making it grow; of course, to Dr. Heather Paul and to all of the Campaign staff, each of whom I would like to personally thank but whose names I do not have the time to recite here; and of course, most of all, to the Campaign's local coalition members who are doing the great deeds and making the Campaign work effectively and meaningfully in our local communities. Congratulations, and thanks to them all.

Finally, I would like to close with some brief reminders regarding motor vehicle safety and what is important to child occupant safety. These cannot be repeated too often.

First, all occupants should be properly restrained at all times. We know that child belt use is highly correlated to adult belt use, so we need to have everyone buckled up.

Second, children are safer and should be seated in a rear seating position. So many children are injured or killed because they were riding unrestrained in a motor vehicle and were involved in a crash. We must change the social paradigm to make it absolutely unacceptable for a child to be carried in a motor vehicle unrestrained. This is a job that cannot be accomplished by anyone alone—not by automakers, not by insurers, not by Government agencies, not by legislators, and not even by the fine people of National Safe Kids. We all need to work together through partnerships—the Air Bag and Seat Belt Safety Campaign, for example—to educate child caregivers to strictly enforce existing child restraint use laws and, where necessary, to enact stronger laws to ensure that every American child transported in any motor vehicle is properly restrained every time. Anything less is wholly unacceptable.

Thank you.

[The prepared statement of Mr. Lange follows:]

PREPARED STATEMENT OF ROBERT C. LANGE

I am Robert C. Lange, director of General Motors' automotive safety technical and public policy actions. General Motors is pleased to be invited to provide our comments to the Committee in celebration of the Tenth Anniversary of the National SAFE KIDS Campaign.

The National SAFE KIDS Campaign is an organization whose mission is to prevent deaths and injuries to children from unintentional injury. It does so with an extensive network of state and local grassroots coalitions that implement innovative prevention programs through education, media strategies, and effective advocacy.

Unintentional injury in motor vehicle crashes is the leading cause of child fatalities. And many of these fatalities and injuries are preventable.

If only parents, grandparents, and other caregivers would always correctly secure their children who are riding in vehicles, we would sharply reduce the deaths and injuries of children involved in motor vehicles crashes.

Significance of National SAFE KIDS Campaign's commitment to increase child restraint use

According to the National Highway Traffic Safety Administration (NHTSA), over half of the young children killed in motor vehicle crashes during 1996 were unrestrained. Research indicates that about 40 percent of children are riding unrestrained in passenger vehicles. Of those children who are in child restraints, over 80 percent are incorrectly restrained.

Proper restraint use saves lives. NHTSA estimates that properly securing infants (under age one) reduces their risk of fatality in a crash by 69 percent and reduces the risk of fatality for toddlers (between age one and four) by 47 percent.

SAFE KIDS' programs address child passenger safety. By providing parents and other caregivers with information on the importance of child restraint use, by reminding the public how important it is to properly use child restraints, and by advocating stronger laws, SAFE KIDS is saving lives and preventing injuries. That's why GM is working with SAFE KIDS.

SAFE KIDS BUCKLE UP: Partnership with National SAFE KIDS Campaign

In 1995, a national panel on child restraints and vehicle compatibility, established by NHTSA, called for action in providing child restraint use information at the "primary point of contact for a consumer . . . the automobile dealer." This was one of the factors which led to SAFE KIDS BUCKLE UP, General Motors' five year partnership with the National SAFE KIDS Campaign.

SAFE KIDS BUCKLE UP has produced and distributes thoughtful and effective materials to communicate the importance of proper restraint use, including videotapes, brochures, booklets, and posters. These are important tools in conveying information.

However, SAFE KIDS BUCKLE UP also takes a unique and more personal step. SAFE KIDS has partnered with GM dealers across the country to directly work with people who transport children. SAFE KIDS coalitions have been conducting free, public car seat check up events at GM dealerships and other community sites to teach people how to use child restraints. We hear SAFE KIDS use the expression: "Heads down; butts in the air." That's because they are hunkered down inside cars and trucks, teaching people how to install restraints and how to correctly position their children in them.

The official launch day of SAFE KIDS BUCKLE UP on Capitol Hill (August 28, 1997) is an example of the approach that SAFE KIDS has taken to child passenger safety and to the effectiveness of this initiative. (We thank Senators Abraham and Dodd and Representatives Morella and Hoyer for sponsoring the Resolution that permitted a small portion of Pennsylvania Avenue near the Capitol to be used for a child seat check up on launch day). On that day, SAFE KIDS experts checked 118 seats in 85 vehicles. The results: over 90 percent of the seats were improperly secured and 33 new seats were given away.

To date, about 300 of our dealerships in 46 states have partnered with SAFE KIDS coalitions in this initiative. Over 6,500 seats have been checked. Typically, four out of five of the seats checked were installed incorrectly before SAFE KIDS examined them. Nearly 600 recalled seats have been retrieved. And over 1,200 seats have been given away.

As many as 290 parents and caregivers have attended individual check up events; some people have waited up to two hours for a child seat check.

The comments of some of our dealership personnel reflect their belief in the work of SAFE KIDS. For example, Stephen Van Buren, Crippen Auto Mall, Lansing, Michigan, said: "Great program to protect our children who are our future." Eve Benedict, Knudtsen Chevrolet Co., Coeur d'Alene, Idaho, wrote: "This was probably the single most rewarding public service we have performed." David Wilhelm, Century Buick, Huntsville, Alabama, said: "[SAFE KIDS is a] very professional and dedicated group of people. This is a great way to put back into the community." And Orie Gallo, #1 Cochran Automotive, Monroeville, Pennsylvania, wrote: 'You could not ask for a community event better than this one."

GM Vice President Roy Roberts, General Manager of our Pontiac/GMC Division, is an enthusiastic supporter of the program and is working with other GM divisions to develop innovative ways in which to involve more GM dealerships with SAFE KIDS BUCKLE UP.

Focus on restraint use: role of adults and child caregivers

The SAFE KIDS Campaign's work corresponds with an important societal change for which we all should work—that it is unacceptable for children, and all other vehicle occupants, to ride unrestrained. As a nation, we must be committed to changing the current national attitude of tolerating unbuckled kids.

To get all children buckled, we must address another problem: unbuckled adults. Why? Because we know that when a driver is unbuckled, children also are very likely unbuckled.

If the driver is not belted, children are unsecured 70 percent of the time; however, if the driver is belted, children are secured 94 percent of the time. Clearly, increasing child restraint use must be tied to broad-based efforts to increase restraint use for all occupants.

Fortunately, NHTSA's Buckle Up America Campaign includes aggressive goals for increasing safety belt use—to 85 percent (from the current level of 68 percent) by 2000—and percentage reductions in child occupant fatalities. This Campaign deserves strong support from all elements of our society.

Air Bag & Seat Belt Safety Campaign

In 1996, GM helped form the Air Bag Safety Campaign, now known as the Air Bag & Seat Belt Safety Campaign. Since proper restraint use and placement in a vehicle mitigates the risks of air bags, and since most children and adults killed in air bag-related fatalities were totally unrestrained, the Campaign was formed to educate the public on the importance of restraint use and to encourage them to buckle up. The Campaign's three primary objectives are:

—educate the public on the facts associated with air bags and ways to reduce the risks of air bag-related injury and death (the Campaign aggressively promoted the "Buckle Everyone, Children in Back" message);

—enact standard enforcement safety belt laws and upgraded child restraint use laws in targeted states; and

—encourage *enforcement* of restraint use laws.

The Campaign is funded by the domestic and import motor vehicle manufacturers, auto insurers and air bag suppliers. NHTSA Administrator Dr. Ricardo Martinez is its Honorary Chairman.

To date, the Campaign and the efforts of many others have been successful in raising the awareness of proper restraint use and occupant placement.

In addition, the Air Bag & Seat Belt Safety Campaign, SAFE KIDS and its affiliates, and others have been effective in the recent passage of adult standard enforcement belt use laws—in Washington, D.C., Indiana, Maryland, and Oklahoma—and in improvements in some state child restraint use requirements.

Operation ABC

During Buckle Up America! Week (May 18–25, 1998), our nation will see a large-scale example of the Air Bag & Seat Belt Safety Campaign's commitment to getting kids buckled up.

Each state has a law mandating that children be restrained in vehicles, and public opinion surveys indicate that nine out of 10 Americans support strong enforcement of these laws. However, child passenger safety laws are too often ignored by parents and caregivers.

Operation ABC: Mobilizing America to Buckle Up Children will involve more than 4,000 law enforcement agencies in all 50 states in a highly targeted and visible effort to have all children buckled up. Thousands of officers from state highway patrols, municipal police departments and county sheriff departments will step up enforcement by conducting safety checkpoints, saturation patrols and focusing on child passenger safety violators during routine patrols.

According to Janet Dewey, Executive Director of the Air Bag & Seat Belt Safety Campaign, Operation ABC—which is cosponsored by N HTSA and supports the Buckle Up America Campaign—will "put the nation on notice that unbuckled children are against the law and the law will be enforced." We encourage the Committee members to support this program in your states.

Importance for continued effort of all partners

GM congratulates those who established the National SAFE KIDS Campaign, including founding sponsor Johnson & Johnson. We also commend the leadership of Dr. C. Everett Koop, Dr. Martin Eichelberger, and Dr. Heather Paul, and the many others who work so diligently on behalf of America's children.

What can we do to change our nation's way of thinking about child safety in cars and trucks? Public and private sector partners must continue to work together to change our nation's attitude to assure that no child ever rides unrestrained in a motor vehicle.

GM commends this Committee for holding this hearing to focus on child safety, and for giving us the opportunity to explain some of the ways we are trying to advance the cause.

Thank you.

Appendix

One of General Motors' top priorities is helping to assure that children ride safely in passenger cars and trucks. In addition to GM's technical developments that benefit children, much of our public focus is committed to helping to change current attitudes: this nation must commit to assuring that no child ever rides unrestrained in a motor vehicle.

This appendix briefly summarizes some of the initiatives in which GM is involved.

Joint Programs with National SAFE KIDS Campaign

SAFE KIDS BUCKLE UP

In 1996, the National SAFE KIDS Campaign and GM announced a joint partnership. This multi-year initiative provides motor vehicle safety information to families.

The program matches GM dealerships with local SAFE KIDS coalitions for *car seat check up events*. In these free, public events, SAFE KIDS personnel assure that families are using the proper child restraint, help to properly install the restraint, and provide traffic safety information. To date, about 300dealerships in 46 states have partnered with SAFE KIDS coalitions, and over 6,500 child seats have been checked.

A second element of the initiative includes extensive *public education* and media efforts. The initiative's outreach includes a brochure, which has been distributed to one million families, as well as editorial releases, advertising, and posters. As an example of several print and broadcast public service announcements produced as part of the program, SAFE KIDS and GM's Pontiac-GMC Division worked with Detroit Pistons All-Star Grant Hill to urge booster seat use.

Production and distribution of the video *"Are We There Yet?"* is another element of SAFE KIDS BUCKLE UP. Nearly 20,000 copies of the video have been distributed through national, regional and local safety and community health organizations, at child seat check events and through SAFE KIDS local coalitions.

Training for community leaders, including GM dealership sales and service staffs, is another important part of the SAFE KIDS BUCKLE UP program. Through April, SAFE KIDS conducted over 70 training sessions.

The SAFE KIDS BUCKLE UP initiative also has aligned with seven *national health and education partners* to further support our commitment to have children properly secured. The American Academy of Family Physicians, American Academy of Pediatrics, American College of Emergency Physicians, American College of Obstetricians and Gynecologists, National Association of children's Hospitals and Related Institutions, National Association of Community Health Centers, and National Head Start Association are promoting passenger safety and offering access to free educational materials through the SAFE KIDS partnership.

Air Bag & Seat Belt Safety Campaign and Operation ABC

In addition to the partnership with the National SAFE KIDS Campaign, GM has established joint efforts with other organizations in our commitment to increase restraint use.

GM was instrumental in the organization of the Air Bag Safety Campaign, now known as the Air Bag & Seat Belt Safety Campaign. The Campaign's objectives benefit all motor vehicle occupants, particularly children. The Campaign's objectives are:

—*educate* the public on the facts associated with air bags and ways to reduce the risks of air bag-related injury and death;

—*enact* standard enforcement safety belt laws and upgraded child restraint use laws in targeted states; and

—encourage *enforcement of restraint use laws.*

The Campaign is funded by the domestic and import motor vehicle manufacturers, auto insurers, and air bag suppliers. NHTSA Administrator Dr. Ricardo Martinez is its Honorary Chairman.

To date, the Campaign and the efforts of many others have been successful in raising the awareness of proper restraint use and occupant placement. For example, in research conducted in November 1997,84 percent of the survey participants with vehicles equipped with passenger side air bags reported that they correctly secured children between age one and four in the car—an increase of 16 percent from respondents in a similar study conducted in August 1996. In the same survey comparison, in November 1997, two-thirds of people reported that they correctly secured older children—an increase of 25 percent from the first survey.

The Campaign also worked with other organizations in the passage of standard adult restraint use laws in Indiana, Maryland, and Oklahoma.

As the actions of SAFE KIDS are helping to give adult caregivers more information, awareness created by the actions of the Air Bag & Seat Belt Safety Campaign also reinforce the nation's commitment to assure that all children are always buckled up.

During Buckle Up America! Week (May 18-25), our nation will see a large-scale example of the Air Bag & Seat Belt Safety Campaign's commitment to getting kids buckled up.

Each state has a law mandating that children be restrained in vehicles, and public opinion surveys indicate that nine out of 10 Americans support strong enforcement of these laws. However, child passenger safety laws are too often ignored by parents and caregivers.

Operation ABC: *Mobilizing America to Buckle Up Children* will involve more than 4,000 law enforcement agencies in all 50 states in a highly targeted and visible effort to have all children buckled up. Thousands of officers from state highway patrols, municipal police departments and county sheriff departments will step up enforcement by conducting safety checkpoints, saturation patrols and focusing on child passenger safety violators during routine patrols.

Additional General Motors education efforts addressing children

General Motors has several other initiatives designed to help reduce the incidence of injuries and fatalities to children involved in motor vehicle crashes.

GM produced a video and booklet, entitled *Precious Cargo: Protecting the Children Who Ride With You*, which provide information on transporting children safely. Both the booklet and video are available, free of charge, in English and Spanish versions. (For Canadian caregivers, GM has produced the booklet in English and French with information that is specific to Canadian regulations.) Over the past year, safety, health care, and governmental organizations, and consumers have requested and received nearly two million copies of the booklet and nearly 100,000 video tapes through GM dealerships, toll-free calls to our Customer Assistance Centers and from a range of other sources.

We also have taken a number of steps to help warn customers about the risks to children of frontal air bags and to provide information on the ways to mitigate those risks. The owner's manuals in our vehicles contain about 60 pages of information on occupant restraints, including child restraint use and proper placement in a vehicle. In 1997, GM distributed air bag information letters to every GM customer with a passenger-side air bag equipped vehicle; the letter advised owners on the proper placement of children in the vehicle. Also, earlier, GM led the industry to petition NHTSA for vehicle sun visor warning labels of air bag risks.

In 1997, GM produced a two-sided colorful "Safety Card" on proper restraint use. Hundreds of copies were distributed to every GM dealer this year.

Chevrolet Venture—McDonald's—National SAFE KIDS Campaign program

The Chevrolet Venture minivan has initiated a program with McDonald's, SAFE KIDS, and several other organizations to provide parents and caregivers with information on safely transporting children.

As part of this program, a booklet of safety facts and travel games will be attached to millions of McDonald's Happy Meals? bags beginning Memorial Day weekend. To reinforce NHTSA's Buckle Up America Campaign, the booklet includes a family pledge card to always buckle up. The booklet also will be available from Chevrolet dealerships.

The pledge cards will be collected and provided to DOT in late summer. NHTSA helped to support this program by providing safety facts and information.

During *Buckle Up America!* Week and throughout the summer, SAFE KIDS will conduct safety seat checks at Chevrolet dealerships and McDonald's restaurants around the country.

Buick LeSabre—National SAFE KIDS Campaign

In conjunction with Ladies Home Journal and a national retail chain, SAFE KIDS will partner with Buick LeSabre on events this summer to promote child safety. The events will encompass many risk areas and will include child safety seat checks.

GM's technical developments

GM's commitment to increasing restraint use also involves technical work on restraint systems. Some of GM's efforts include programs to improve restraint system comfort and ease, in order to encourage proper and consistent restraint use for all occupants, including children. Other initiatives address restraint system performance, and are intended to help address the risks for occupants, including children, who are out of position and in front of an active air bag. Following are brief summaries of several projects.

Child restraint anchorage system developments

GM participated in the national panel on child restraints and vehicle compatibility, which was established by NHTSA.

As a follow-up to the panel's recommendations, GM and the other auto manufacturers in the U.S. and overseas are working to develop a uniform system to anchor child restraints to passenger vehicles. In 1996, GM conducted customer research on various anchorage systems that resulted in a petition by the American Automobile Manufacturers Association (AAMA) and the Juvenile Products Manufacturers Association (JPMA) seeking a NHTSA rule on a uniform anchorage system.

The AAMA petition included a recommendation for a "top tether" to secure the top of a forward-facing child restraint. Even though NHTSA has not yet issued a rule on child anchorage systems, in August 1997 GM announced that it will provide free retrofit top tether anchorage kits and installation for most 1989 and later GM vehicles.

In April 1998, the AAMA conducted additional customer research on several child seat anchorage system prototypes. Results and research data on consumer preferences were provided to NHTSA on May 1, 1998 to assist in the conclusion of rulemaking.

Rear seat torso belt comfort guide

Another GM development intended to increase children's proper restraint use is a rear seat torso seat belt comfort guide. The guide is attached to torso belts in the out-board seating positions to improve seat belt comfort for short occupants. The guide can be used to adjust belt geometry for improved fit for children in booster seats and those who have outgrown booster seats.

Air bag developments

NHTSA estimates that over 70 million vehicles in the U.S. are equipped with air bags designed to meet the 30 mph barrier test for unbelted occupants in Federal Motor Vehicle Safety Standard (FMVSS) 208. These air bags have saved over 2800 lives, but they have caused 96 fatalities, according to NHTSA.

Changing the nation's tolerance for unbuckled and improperly positioned children would mitigate the risks of air bag inflation induced injury for children.

—Manufacturers are continually working to help reduce the risks of air bags. In this regard, GM has invented and implemented over a dozen features to reduce air bag inflation induced injury risks.

—NHTSA has issued a rule permitting installation of manual on-off switches for NHTSA-approved population groups, including drivers who must transport children in a front seat. GM commends NHTSA's actions. Some dealers are declining to install on-off switches, but, to encourage dealer action, GM has notified all of its dealers that it will indemnify them from certain legal risks, as long as the dealer properly installs the switch in the vehicle of a customer with legitimate approval from NHTSA.

—GM recommended research to explore potential alternative certification testing approaches that would permit reduced air bag deployment force yet maintain the air bag's restraint system benefits. Based on GM's research, the auto industry petitioned NHTSA in August 1996 for two rule changes:

1) a change in the FMVSS 208 test protocol to replace the 30 mph unbelted occupant full-barrier test with a 30 mph unbelted occupant sled test, and

2) a request for further research and separate rulemaking to establish additional out-of-position occupant testing for the 3-year or 6-year old child and the 5th percentile female.

NHTSA granted the first half of the petition, revised the rule in March 1997, and permitted manufacturers to replace the unbelted barrier requirement with a superior test that allowed manufacturers to depower air bags. These depowered air bags are now installed in 1998 GM models. Even though depowered air bags can eliminate the risks to short-statured drivers and unbelted adults, depowered air bags do not completely eliminate the risks to small children near an air bag or to rear-facing infant seats placed in front of an active air bag.

The current rule includes a "sunset" clause that will require the manufacturers to return to fully powered bags in 2001. GM strongly opposes the "sunset" clause. The nation will save lives if the testing protocol permitting depowered air bags is retained.

GM encourages the NHTSA to act on the second half of the petition, regarding an out-of-position occupant testing protocol for children and small statured adults. GM believes that such a test protocol will further help to mitigate air bag risks for children. Both depowering and out-of-position occupant test protocols are required to protect our customers while allowing the industry flexibility in developing and implementing superior technology.

Without waiting for the new rule, GM is aggressively working with component suppliers to research and develop more advanced systems, such as occupant detection suppression technologies and multi-level deployment systems, to further reduce air bag risks, including risks to infants and older children.

—AAMA, the Association of International Automobile Manufacturers, (AIAM), the Automotive Occupant Restraints Council (AORC), and the Insurance Institute for Highway Safety (IIHS) have developed and recommended principles for development of more advanced air bag standards. These include:

1) establishing priorities for occupant protection: first, improve occupant protection for belted occupants while reducing the potential harm to children and other occupants who are out-of-position and, second, improve occupant protection for unbelted occupants, to the extent that it is consistent with the first priority;

2) no automatic return to the unbelted barrier test; and

3) adoption of additional out-of-position tests with various occupant sizes.

While NHTSA carefully evaluated various approaches before implementing the initial air bag rule, experience has shown that the testing protocol mandated resulted in negative consequences for specific population groups, including children. With AAMA, AIAM, AORC, and IIHS, we urge the Congress and NHTSA to assure that any changes in air bag standards are objective, practicable, meet the need for motor vehicle safety, and are performance-based and data-driven. Changes to the air bag standard also should assure that no negative consequences to societal safety result from inappropriate timeframe and technology mandates. Finally, we support a thorough, real-world evaluation of the safety effects of depowering.

Senator DeWine [presiding.] Mr. Lange, thank you very much.

Let me thank all the witnesses for their testimony, and Mr. LeMond, let me thank you for using the bully pulpit that you have as an international sports hero, sports figure, to do a lot of good. You have the ability to communicate on this particular issue probably better than anybody in the whole world, so it is great that you are here, and I know you are making a very big difference, and we appreciate it very much.

Mr. LEMOND. Thank you.

Senator DEWINE. Mr. Larsen, thank you and Johnson & Johnson for the work that you have continued to do. It was stressed in the press conference we held earlier as well as in the testimony today that the continuity and the follow-through that you and your company have demonstrated is really the key. A lot of people start things, but there are few who finish, and this is not finished yet, but you have been at it for a decade now, and that really does make a great deal of difference, so we appreciate that and thank you for it.

Mr. Lange, we appreciate your testimony very much. It was mentioned by Dr. Paul that your dealerships are involved in trying to work with car buyers in regard to seats or restraint systems for children. I mentioned earlier that for the consumer, that is a problem; people do not know what to put into a car, or what is appropriate for a particular car.

So I wonder if you could perhaps elaborate on what Dr. Paul said in regard to what General Motors is doing in this area, because I think it is very, very important.

Mr. LANGE. Thank you, Senator.

Our efforts in this area are primarily concentrated on two areas. One is education of consumers through various publications we have made available to our dealers and through what we call a Customer Assistance Center that GM runs, so that people who have questions about compatibility between child seats and GM cars and trucks can call in, and we can help them over the phone to properly install the child seats.

A second area related to that is, of course, our Child Seat Check-up Days that we run with National Safe Kids Campaigns. That is a crucial element in our child safety efforts, and it is really highly dependent upon the good works and the good will of the people at National Safe Kids Campaign.

The other aspect of this problem that Dr. Paul mentioned is work that the National Highway Traffic Safety Administration is now undertaking in rulemaking to ensure superior compatibility between cars and trucks and child seats. I am not quite sure exactly where they are in that, but it is my expectation that in the relatively near future, we will see a new proposed rule specifying the kinds of standard anchorage systems that should be utilized on cars to make the installation of child seats very much easier.

With respect to that last element, GM announced last summer that we will make available free-of-charge and provide free installation for any parent who wants to use a child seat top-tether. At the time, there were not many child seats that were built with top-tethers, but we are seeing more and more of them coming into the marketplace.

Senator DEWINE. What is a top-tether?

Mr. LANGE. A top-tether is a strap that goes from the top of the child seat to an anchorage system on the car to very securely tie down the car seat so that in the event of a crash, the car seat is tight to the motor vehicle. It is a tremendous advantage in terms of securing the seat to the vehicle itself and preventing it from flopping around.

The 80 percent misuse or improper use that Dr. Paul talked about is primarily associated with loose installation of the seats, and the top-tether very much helps that.

Senator DEWINE. And so, just to make sure I understand, your company, General Motors, made the commitment to do what?

Mr. LANGE. We will make those top-tether anchorages available free-of-charge and will install them free-of-charge for any parents who wishes to have them installed in their car or truck

Senator DEWINE. So you will actually install them?

Mr. LANGE. Yes.

Senator DEWINE. Let me move to another question if I could, Mr. Lange. I was looking through the appendix that was attached to your testimony, and you State that General Motors is "aggressively working with component suppliers to research and develop more advanced systems." In this section of the appendix, I believe you are talking about what has been referred to as the "smart air bags"?

Mr. LANGE. I believe that is correct, Senator.

Senator DEWINE. I have been involved in this issue and am very interested in the whole issue. There have been a number of developments in regard to air bags since the reports about smaller adults and children being killed by them. As part of the ISTEA authorization bill, as you know, NHTSA will be promulgating new rules that will move the industry toward smart air bags by model year 2002—that is assuming the language of the bill is passed, and it is signed into law by the President. But that is what the language in this bill says right now. It is my understanding that technology for different types of smart restraint systems does in fact already exist and simply needs to be fitted for different types and models of cars.

I would just encourage you and General Motors to see if you can beat that 2002 deadline, and I wonder if you feel comfortable discussing this today at all.

Mr. LANGE. I do, Senator DeWine.

Senator DEWINE. I might just add that it is my understanding and I have been told that there are several European car companies that are about ready to come on the market with a version of the smart air bag, at least the initial generation—we know it is going to come in two or three or maybe four generations of advancement in the smart air bags—I just wonder if I could encourage you to try to beat that 2002 deadline and also ask if it is true that some of the more expensive models of the European cars are coming out with that.

Mr. LANGE. Those are two separate questions; let me take them serially.

Senator DEWINE. I usually have four or five.

Mr. LANGE. Well, then, I am lucky. With respect to the challenge to begin to install advanced air bag technology prior to calendar year 2002, I think that what you will find and what you have observed in the second part of your question is very, very true. I believe that every motor vehicle manufacturer views safety as an area of competitive advantage; that is, every manufacturer wants to do the utmost to ensure that its customers believe and in fact are safe in driving its cars and trucks. And because of that, and in particular because of the attention that has been paid to air bag safety over the last several years, I think that this is an area in particular where manufacturers are working as hard and as rapidly as we can with a rather limited supplier base to roll out advanced technology air bags very, very quickly. I think we should not at all be surprised to see that there will be pretty broad applications of a whole variety of different kinds of advanced air bag technologies beginning as early as late this year and extending on to the period 2000 or even 2001.

As I said, there are a number of technologies. We think the best ones will involve automatic suppression of air bags when they should not be fired, when there are small children adjacent to the bag. Those are the most difficult technologies, but they are also, at least conceptually, the most effective, and those are the ones that we really want to focus on.

Senator DEWINE. Again, I would just encourage you to do that. I know that I am going to be monitoring it, and I know other Members will be as well. To be quiet candid, I congratulate you for the many fine things that you and General Motors have done; I would just hate for us to be in a position where American consumers cannot get a smart air bag unless they buy a foreign car. It would bother me if that is how it turns out, so I would just encourage your industry, the domestic industry, to be very aggressive in this area.

It is my understanding that the initial cost of this smart air bag would be no more than $100. What I think most consumers do not realize today is that we are faced with a very difficult public policy choice today. The old air bags were killing kids—are killing kids—they are now going to be depowered, and it is a trade-off. You are going to end up losing some more adults because of that fact. And I am not quarreling with the trade-off—I think it is probably the correct thing to do—but we do not have a perfect system today, and the public policy decision that was made was, in my opinion, the correct one, but it means at the other end that there are other people who are going to die who would not have died if they had had a full-powered air bag that went off.

So the solution to this is there. You all have the technology that is coming on, and the solution is to go to a quote-unquote smart air bag, go to an air bag that in fact deploys based upon weight and upon other factors that it can determine, and we can save a lot more lives. So I would just encourage you to do that and to move as quickly as you can. It is a relatively cheap cost when you look at the cost of cars today. When we are only talking about roughly $100, that is not a great deal of money. I do not know what the cost of your average General Motors automobile would cost—what would it cost, average?

Mr. LANGE. I would say the average new car purchase price is about $20,000.

Senator DEWINE. So $100 would not be a great deal.

Mr. LANGE. If I may respond.

Senator DEWINE. Certainly.

Mr. LANGE. Senator DeWine, I do not believe the issue here is one of cost or affordability. The issue clearly is simply how quickly can we get reliable technology in place. The depowered air bag rule I think did turn the priorities correctly—that is, we ought to focus on child safety, we ought to focus on safety for those folks who are belted.

Based on the analytical work that we have done, we believe that we will not see a trade-off at the high end in severe crashes with unbelted adult males. We think there is still plenty of inflation authority available even in depowered bags to provide good protection for those people, and we do not want to see a regression to the old standard that called for the higher-powered air bags. We do not think that that is necessary for safety. But you are quite right that prioritization of occupants is an important issue, and we think the priorities are right when we want to avoid harm to children.

Senator DEWINE. My time is more than up, and I will just conclude. The chairman has been more than generous with the time here. I will just conclude by saying that I agree with the priorities; I think the priorities are correct. I have different information in regard to the use of the high-powered air bag. I would disagree with you based on the information that I have, and I think there are experts in the field who would disagree with you. That is not to say that I disagree with the public policy. All it means is I think it gives us more impetus to move forward to the smart air bag that can in fact deal with those issues.

I thank you for your testimony.

Mr. **LANGE**. And I really think everybody in the industry is moving as quickly as they can.

The **CHAIRMAN**. Mr. Lange, let me apologize for having to absent myself. It was a prior commitment which I needed to honor.

I want to thank you and General Motors for your help here. It is incredible that the largest car manufacturer in the world is as dedicated to this effort as you are. That is very important to everyone. I will have a question for you in a moment.

Greg, thank you for being with us. Your testimony has been a huge help. From your observations around the world, how do we compare with other countries in the area of kids wearing helmets?

Mr. **LEMOND**. We are way ahead of the game. The only other country where they have mandatory helmet laws for all ages is Australia. I lived in Europe for 14 years, and helmet use is not at all a consideration. And only recently in the last 4 or 5 years, professionally, in competition, are riders started to wear them. Now, you will see about 80 percent of the riders wearing them. But even with severe injuries, it took quite a few years for riders to say, hey, my head is worth something.

It has changed a lot, and I think there is a movement in Europe toward safety helmets. The big problem has always been that each country wanted its own safety standard. I know in professional cycling, they tried to pass a mandatory helmet law, and the biggest obstacle was that each country wanted its own safety standard, and it was very hard to enforce. What standard would we use? The only standard that was available at the time was an American standard, Snell. So that right now in Europe, it is starting to change, but we are still way ahead of the game, but we still have a long way to go. Fifteen percent of children wear helmets, and it would like to see that percentage go up to 80 percent. Again, if they start wearing them when they are 3 years old, they will wear them as adults, and you will not only saves the lives of children, but you will save adult lives.

We are way ahead. I was in Vietnam for 3 weeks. Seventy million people live in Vietnam, and about 8 million live in Hanoi, and I would guess that all 8 million ride bicycles. It is a traffic jam like Los Angeles, but they are all on bikes, and they have 40 major head injuries per day in Hanoi alone. Unfortunately, their average income is about $300 a year, so it will be a long time before they can afford helmets. The rest of the world needs to catch up.

The **CHAIRMAN**. Thank you.

Mr. Lange, this is sort of an off-the-wall question, but it has recently come to my attention. I have a 100-pound dog, a Rhodesian Ridgeback, a beautiful dog, and my wife suddenly insisted that she wear a seat belt. I thought that this was kind of stupid until I got to thinking. She always sits right behind me in the car. I started thinking about this 100-pound missile coming at me in the car, and I thought maybe it was not a bad idea.

Well, now I have agreed that it is a good idea. My dog has taken to it, because it seems to make her feel more important. So she jumps in and waits to be buckled up. Then she sits there, looking very, very regal and important.

So I think that this is a serious question. Do you have any information about the hazards posed by things flying around inside a car during an accident?

Mr. LANGE. Unrestrained cargo is a problem in crashes, particularly if it weighs 100 pounds. [Laughter.] The National Highway Traffic Safety Administration has addressed this in part through its safety standards, both requiring seat back locks so that the seat back itself will take some of the loading and not transfer the load onto the human occupant.

The CHAIRMAN. OK. I just thought I would raise a new issue.

Mr. LANGE. But I am not aware of any manufacturer that is currently working on dog belt restraint devices.

The CHAIRMAN. Well, maybe it is something that might lead you on to greater sales; you never know.

Mr. LANGE. There you go.

The CHAIRMAN. Well, I thank all of you very much. You are leaders in helping to reduce the unintentional injury of children. I do not think any of us can thank you both enough for your tremendous assistance. And Greg, we all admire you and thank you for your help in this area as well.

Best of luck to all of you. Thank you very much.

The Federal Government provides the critical third piece of efforts to prevent the unintentional injury and death of our Nation's children. Through regulations, research findings and consumer education, the Federal Government plays an important role in ensuring the safety of the products available to the American public.

Our third panel will give us information about what activities the Federal Government has undertaken to reduce unintended childhood injury. Ms. Ann Brown is chairman of the Consumer Product Safety Commission. The Consumer Product Safety Commission is an independent Federal regulatory agency designed to protect Americans against unreasonable risk of injury from consumer products. Under Ms. Brown's leadership, the Commission has been a diligent advocate for American consumers. The Commission is responsible for helping consumers elevate the relative safety of products, developing uniform safety standards for products, and promoting research into the causes and prevention of product-related deaths, illnesses and injuries.

Our second witness will be Dr. Ricardo Martinez, administrator of the National Highway Traffic Safety Administration, which is the division of the Department of Transportation responsible for improving motor vehicle safety. The National Highway Traffic Safety Administration conducts comprehensive research, development, testing and evaluations designed to reduce the number of automobile-related deaths and injuries. It is the primary Federal agency responsible for both encouraging the automobile industry to adopt better safety design and for promoting public awareness to encourage consumers to think of safety when purchasing an automobile.

I want to thank you both for rearranging your schedules to be with us today. We are pretty close to being on schedule, so I hope you have not been further inconvenienced.

Ms. Brown, please proceed.

STATEMENTS OF ANN BROWN, CHAIRMAN, U.S. CONSUMER PRODUCT SAFETY COMMISSION, BETHESDA, MD; AND DR. RICARDO MARTINEZ, ADMINISTRATOR, NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION, WASHINGTON, DC

Ms. BROWN. Thank you, Mr. Chairman.

To begin, Mr. Chairman, I want to commend you for holding this hearing to recognize the great contribution that the National Safe Kids Campaign has made to the safety of children in America and to Senator DeWine, who has been an advocate for children's safety whom we have worked with. It is a delight to be here, and it is certainly appropriate to honor Safe Kids for the excellent work this group has done to prevent unintentional death and injury to our Nation's children.

On behalf of the CPSC, I am especially pleased to be here because the Commission has been working with the Safe Kids Campaign from the start. In March 1987, CPSC joined with other organizations to form the National Coalition to Prevent Childhood Injury. Coalition members worked with Children's Hospital to put on the very first National Safe Kids Week in May 1988. A year later, this became the National Safe Kids Campaign, with support from Johnson & Johnson, who have been steadfast in their support, the National Safety Council and other organizations.

Quite honestly, for several years, Safe Kids filled in a gap because there was an inactive Consumer Product Safety Commission. Now I am pleased to report that the CPSC has been revitalized and is more active than at any time in its history, and now Safe Kids and CPSC can work together toward our common goal of reducing death and injury to children.

I will give you two brief examples. Just last month, Safe Kids organizations across the Nation participated in CPSC's Second Recall Roundup Project to call attention to unsafe products in and around the home that may kill or injure children or adults. Recall Roundup reached over 30 million people through television, 10 million through three major television network shows, and another 30 million through local TV coverage. And Safe Kids coalitions were instrumental in making this project a success in their communities.

Just last year in another project, CPSC together with Safe Kids, Johnson & Johnson, the Food Marketing Institute, and Safe Strap, Incorporated initiated a nationwide campaign to reduce shopping cart injuries to children. Each year, an average of over 12,000 children 5 years and younger are treated in hospital emergency rooms after falling out of grocery carts. The purpose of the campaign was to reduce injuries, particularly head injuries, to children by getting safety straps into stores and into grocery carts and encouraging parents to use them.

Again, Safe Kids coalitions were an integral part of this program by becoming advocates of safety, delivering a number of free safety straps to stores in their communities and encouraging store managers to purchase other straps at cost. These safety straps will prevent thousands of injuries for years to come.

Mr. Chairman, CPSC and Safe Kids are a model for public-private partnerships in America. Working cooperatively, each of us supports and enhances the efforts of the other.

I was greatly honored in 1994 when I received the "Champion of Safe Kids" award, and I am greatly pleased, Mr. Chairman, to announce today that I plan to give Safe Kids an award—the CPSC's Chairman's Commendation for Substantial Contributions to Product Safety. We normally give this award to companies, and we have recognized such fine corporations as Proctor and Gamble, Hasborough and Toys R Us. One of the reasons we give this award is to honor actions that contribute to reducing hazards to children. There is no other organization that I know of that has done that more effectively.

So on the occasion of this 10th anniversary, we have decided to make our first award to a nonprofit organization—the National Safe Kids Campaign.

Coincidentally, Mr. Chairman, while Safe Kids is celebrating its 10th anniversary, the CPSC will celebrate its 25th anniversary next week. We are very proud of what we have achieved during that time. Over this period, the rate of injury associated with consumer products has fallen by 25 percent, and the death rate has been reduced by 32 percent. Our efforts have saved the Nation over $7 billion annually in health care, property damage and other societal costs.

Since coming to CPSC just over 4 years ago, I have made children's safety one of my top priorities. For example, shortly after I became chairman, I learned that since 1981, nearly 200 children, mostly under 4 years old, had strangled to death in window covering pull cords. I promptly called a meeting of the window covering industry, and manufacturers voluntarily agreed to eliminate the loops and replace them with tassels that were distributed free to consumers.

I also used that same voluntary approach to eliminate the drawstrings on children's jackets, which had killed 20 children since 1985 when they became entangled in playground slides, cribs, school buses and other objects.

In another action to protect children, we recently issued the first Federal safety standard for bicycle helmets. These new helmets have the potential to reduce the numerous deaths and thousands of head injuries related to bicycle incidents each year.

But we still have much to do. Over 6,500 children under age 15 die annually of unintentional injuries, and an estimated 4.3 million children are treated in hospital emergency rooms for consumer product-related injuries. We are determined to bring these numbers down.

I look forward to continuing to work with the National Safe Kids Campaign and other organizations toward this goal, and I am confident that we will see further reductions in the rate of death and injury not only to children, but to all Americans.

Thank you very much.

The CHAIRMAN. Thank you for an excellent statement. We appreciate your work.

[The prepared statement of Ms. Brown follows:]

PREPARED STATEMENT OF ANN BROWN

Mr. Chairman and members of the committee, I am Ann Brown, Chairman of the U.S. Consumer Product Safety Commission.

To begin, Mr. Chairman, I want to commend you for holding this hearing to recognize the great contribution the National Safe Kids Campaign has made to the safety of children in America. It is certainly appropriate to honor Safe Kids for the excellent work it has done to prevent unintentional death and injury to our nation's children.

On behalf of the CPSC, I am especially pleased to be here because the Commission has been working with the Safe Kids Campaign from the start. In March 1987, CPSC joined with other organizations to form the National Coalition to Prevent Childhood Injury. Coalition members worked with Children's Hospital to put on the very first National Safe Kids Week in May 1988. A year later this became the National Safe Kids Campaign with support from Johnson and Johnson, the National Safety Council and other organizations.

For the past decade, CPSC and Safe Kids have worked together toward our common goal of reducing the toll of death and injury to our children. Just last month, Safe Kids organizations across the nation participated in our second Recall Roundup project to call attention to unsafe products in and around the home that may kill or injure children and adults.

Last year, Safe Kids joined CPSC, the Food Marketing Institute and Safe Strap, Incorporated, in a nationwide campaign to reduce head injuries to children by encouraging grocery stores to place safety straps in grocery carts and to encourage their use. Safe Kids coalitions have been an integral part of this program by becoming "advocates of safety," by delivering a number of free safety straps to stores, and by encouraging store managers to purchase other straps at cost. These safety straps will prevent thousands of injuries for years to come.

Mr. Chairman, CPSC and Safe Kids are a model for public private partnerships in America. Working cooperatively, each of us supports and enhances the efforts of the other. I was greatly honored in 1994 when I received the "Champion of Safe Kids" award.

Coincidentally, Mr. Chairman, while Safe Kids is celebrating its 10th anniversary, the CPSC will celebrate its 25th anniversary next week.

We are very proud of what we have achieved during this time. Over this period, injuries associated with consumer products have fallen by 25 percent, and deaths have been reduced 32 percent. Our efforts have saved the nation over $7 billion annually in health care, property damage and other societal costs.

Since coming to CPSC, just over four years ago, I have made childrens' safety one of my top priorities. For example, shortly after I became Chairman I learned that in recent years nearly 200 children, most under four years old, had strangled to death in the loops at the end of window covering pull cords. I promptly called a meeting of the window covering industry, and the manufacturers voluntarily agreed to eliminate the loops and replace them with tassels that were distributed free to consumers. I used the same voluntary approach to eliminate the drawstrings on children's jackets which had strangled 20 children in recent years when they become entangled in playground slides, cribs, school buses and other objects.

In another action to protect children, we recently issued the first Federal safety standard for bicycle helmets. These new helmets have the potential to reduce the numerous deaths and thousands of head injuries related to bicycle incidents each year.

I am proud of all these accomplishments, but we still have much to do. About 6,500 children under age 15 die annually of unintentional injuries, and an estimated 4.3 million children are treated in hospital emergency rooms for consumer product-related injuries.

We have an ambitious agenda to attack the leading causes of unintentional deaths and injuries to our people. I want to submit for the record a copy of our strategic plan that sets forth our proposals to deal with five major sources of death and injury to consumers.

As we implement our plan, with the help of the National Safe Kids Campaign and other organizations, I am confident we will see further reductions in the rate of death and injury not only to children, but to all Americans.

The CHAIRMAN. Dr. Martinez.

Dr. MARTINEZ. Good morning, Mr. Chairman, Senator DeWine. Let me thank you for your championship and leadership in safety. I also want to recognize Heather Paul and Marty Eichelberger and the National Safe Kids Campaign for all the work they have done and for being such great partners in working not only with the private sector but also with the public sector and the Federal Government. We actually have a lot of fun working together.

We want to thank the kids, too, for being here, because we are often concerned that people look at these as statistics, and I think that what you have done today, Mr. Chairman, it put a human face on this issue which we need to recognize.

I am happy to say that I am from the Federal Government, and I am here to help. Transportation safety is the President's top transportation priority, and Secretary Slater considers that his "North Star." But I think that what is important here is that we can work together to make a difference, and the stories that have been told today have talked not only about the problems but about success stories.

Both Safe Kids and NHTSA have really come a long way in the past 10 years. We were pleased to be a partner and to fund programs during the early years of the Campaign. We are pleased to be partners that have strengthened through the years, and today we work together on many activities designed to ensure the safety of children, such as Safe Kids Buckle Up, Give Kids a Boost, and the Air Bag and Seat Belt Campaign, as well as many other innovative and creative programs that we have an opportunity to work with. Essentially, we believe that partnership is what it is all about.

Now, our role in this is to help America recognize that traffic injury is a national public health issue that affects everyone, and everyone has an opportunity to participate, to promote programs that increase child safety and to promulgate and enforce rules that keep children safe on the highways.

You have heard the numbers. Let me just use a graphic here to show you that motor vehicle injuries is a leading cause of death. You can divide it up into the age groups, and although that number is very high, you have to recognize that in one age group, it may be pedestrians, in one age group, it may be bicyclists, but the form of transportation changes as we get older, and then it moves into occupants. So we have got to work together in different areas, both at a national level, working with those who make the equipment, but also with those who design the environments and those who can actually teach people how to use it properly, which is a message I have seen over and over.

I also want to talk quickly about cost. You can look at all of these numbers, but there is a huge cost to society, both in educational systems, health care systems, in the economic framework that supports these systems, and on families. Because, disproportionately, it is children who are injured in motor vehicle injuries—I have some interesting numbers—Medicaid paid the largest share of all visits for the 20 million emergency department visits for children last year, 43 percent, which were for injury treatment. Twenty percent of hospital admissions for children in 1995 were the result of motor vehicle injuries, and Medicaid spent an average of $4,700 per hospitalized patient that year.

In some respects, we do not have great data, because not everyone collects on admission where they came from, but we know that it has a huge effect. Six and a half percent of all children under the age of 18 have a chronic disability—that is 4.4 million children—and the greatest portion of these, 61 percent, resulted from preventable injury and disease.

As an emergency physician and as a father, I know that this is of great concern to parents. We have got to work not only with Federal players but at the local level to make a difference and to bring these groups together.

We have begun to do that by realizing that the easy gains have all been made. The question is how can we get down to the local level. So we began to work with organizations that focused on that. Safe Kids has a tremendous organizational structure at the grassroots.

We started a program called Patterns for Life to develop programs that go to the day care centers and the child care centers. We are using the congressional and Senate day care centers are pilot programs for that. We are working with underserved populations because we think the Government has a role there to help. We are doing programs in other languages to make sure the information is transferred across.

We have brought new players together and have found that innovative ideas come about, such as the Cops and Docs Program, the Adopt-a-Child Care Center, the Adopt-a-Dealer with emergency nurses. We started a Safe Community Program to bring in people at the local to see what their problems were. Having a goal of 50 by the year 2000, we now have over 411, because the program gives people the tools they need to take responsibility locally, to make the invisible visible by working together.

There are many programs that I would like to mention that are all in my written testimony, but let me just say this. We have asked for funding, through the transportation bill which is going through Congress, for a 25 percent increase in our programs. ISTEA creates new programs for seat belt use and for child safety seat use, and it is a strong area of importance for us that there be data collection at the local and State levels so people can own the problem. It is very hard for me at the Federal Government level to come in and say: “Let me tell you what your problem is.” We think people have got to link this data together, and linking health data and transportation data and EMS data lets people see their problem and work on it together.

We have a lot of programs. We have bicycle program with the National Football League called “Ride Like a Pro,” looking for role models.

I just want to say that our bottom line is that we have got to create a community, a State and a nation that gives safe passage to children. We are very, very happy to work with Safe Kids. We applaud their 10th anniversary and could not be happier for them, and we stand ready to work in partnership not only with them but with others in the future.

Thank you.

[The prepared statement of Dr. Martinez follow:]

PREPARED STATETMENT OF RICARDO MARTINEZ, M.D.

Good Morning Mr. Chairman and Members of the Committee. I am Dr. Ricardo Martinez, Administrator of the National Highway Traffic Safety Administration (NHTSA). It is a pleasure to address you today regarding the National SAFE KIDS

Campaign and the efforts of the Federal government to prevent the unintentional injury and death of America's children.

SAFE KIDS and NHTSA have come a long way in the last 10 years. NHTSA was pleased to be a partner and to fund programs during the early years of the Campaign. Our partnership has strengthened through the years and today we work together on many activities designed to ensure the safety of our children. I am particularly pleased that, since my arrival, we have worked with the National SAFE KIDS Campaign on such far reaching educational programs as *SAFE KIDS Buckle UP and Give Kids a Boost* (national, educational programs to change the way America protects their most valuable resource—our children), and the Air Bag and Seat Belt Safety Campaign.

I believe you will agree that together we have an excellent track record. But, to keep on running, we have to plan for the future—whether that means additional training, public information and education, or support for new rulemaking efforts. We must remain vigilant, because ensuring the safety of our children today ensures the future of our country tomorrow.

NHTSA's role in this effort is to promulgate and enforce rules that keep children safe on the highways, to promote programs that increase child safety, and to position traffic injury as a national public health issue that affects everyone. Motor vehicle crashes remain the number one cause of unintentional injury to children. In 1996 alone, more than 3,000 children, aged birth through 15, died in motor vehicle crashes and more than 400,000 were injured. During the last five years (1992–1996), more than 16,000 children aged birth through 15 were killed and nearly 2 million were injured. With regard to child pedestrians, more than 700 children are killed annually and approximately 30,000 are injured. Finally, as bicyclists nearly 250 children are killed each year in collisions with motor vehicles and 26,000 injured.

As an emergency physician, I have too often seen the results of crashes involving children in which a stronger prevention effort would have made a difference for that child and that family. As the father of two young children, I have personally experienced the anxiety that every parent goes through in trying to protect our children from injury whenever possible. At NHTSA we strive every day to develop programs, policies and rules that keep our children safe.

Programs in Partnership

Communicating effectively on regulatory, child safety and public health issues requires a broad coalition of Federal, state and local officials. In partnership with groups like the National SAFE KIDS Campaign, NHTSA has been able to reach out to local communities, bringing together coalitions of concerned individuals and organizations who want to make a difference in a child's life. These coalitions represent leaders in education, highway safety, local politics, business, fire and rescue, law enforcement, public health, medicine, civic and volunteer organizations and safety advocacy.

It is important to reach out to those in the community who can influence and effect a positive change in behavior. In addition, by combining new partners with old partners our program has had even more success. For example, we wanted the involvement of the injury-prevention community and we recognized that both we and they needed to change the way we do business to be effective. One result was our outreach to emergency nurses and their involvement in training private sector partners concerning how to prevent these needless injuries in programs such as "Adopt a Dealer" and "Adopt a Child Care Center." Another example is our outreach to physicians to support the efforts of state and local enforcement officers in the "Cops and Docs" program. These new partnerships strengthened the public health community's efforts in the traffic injury prevention arena.

NHTSA, together with SAFE KIDS and about 20 other major national organizations met nearly two years ago to form a working group to develop strategies to ensure that an infrastructure of experts in child transportation issues was available at the local community level, where they were most needed. Initially this effort, called *Patterns for Life,* focused on the need for training experts in child passenger safety issues. Most recently, it has expanded to include bicycle, pedestrian and school bus safety issues as well. The goal for the Patterns for Life effort is to establish a safe pattern of behavior from the first ride home from the hospital, through the first pedestrian experience, the first bike ride, and the first ride on the school bus, making each of these events as safe for the child and the family as they are memorable.

The Patterns for Life Team accomplished some very ambitious goals in the first two years, including:

- Development of a new, standardized national Child Passenger Safety Technical Curriculum.

- Certification of technicians and instructors in the standardized national Child Passenger Safety Technical Curriculum (and every SAFE KIDS Coalition in the country has become involved in the training!).
- Surveys of existing child safety programs to determine additional needs.
- Development of a tool titled *Is This Child on the Road to Danger?, Child Transportation Safety Materials Review and Evaluation*, designed to alert our partners to the potential dangers of using outdated materials, and provide a critical issue checklist to assist them in reviewing materials, eliminate out-of-date information, and replace it with current materials.
- Development of an educational tool for new and expectant parents, called *Protecting Your Newborn*, to be used primarily by childbirth educators to reach the parents before the baby is born to help them select and use child restraints correctly. This includes an educational video and an instructor's guide.

Updated and new efforts are underway for public safety organizations and child care providers to create a new level of awareness about child transportation needs and issues. Let me give you a few examples. The Department of Transportation has sponsored the Secretary's Moving Kids Safely national conferences and conducted child transportation safety conferences in every region of the country where SAFE KIDS coalition members participated as both attendees and speakers. A program for the safe transportation of children with special needs is being conducted with the National Easter Seal Society and their KARS (Kids Are Riding Safe)/ Special KARS program. Programs for occupant, bicycle and pedestrian safety for Hispanic populations have been developed and distributed through national Hispanic organizations, including materials such as the *Seguridad en el Transito* package of occupant protection and pedestrian information. Finally, the *Kids Aren't Cargo* program for pickup truck safety was designed to provide educational and legislative tools for advocates in the state and local level.

NHTSA and SAFE KIDS together have formed an alliance that combines national leadership and local action. Together, we've gotten the nation focused on seat belts and child safety seats-

—how to get people using them;
—how to get people to use them correctly; and
—strengthening child passenger safety laws.

NHTSA helped coordinate the training of 350 SAFE KIDS coalition members at a special child passenger safety training in Orlando, Florida, in early 1997 to initiate SAFE KIDS Buckle Up efforts in partnership with General Motors.

NHTSA and SAFE KIDS recognize the value of bicycle helmets and have a long history of promoting helmet use for both children and adults. Bicycle helmets are 85 to 88 percent effective in mitigating head and brain injuries, making the use of helmets the single most effective countermeasure to reduce head injuries and fatalities resulting from bicycle crashes. Through the *Ride Like a Pro* program, we focus attention on the importance of children wearing bicycle helmets and learning safe riding practices. Together, we partner with athletes (from professional to high school) to raise awareness about bicycle safety and helmet use. The partnership of NHTSA and Consumer Product Safety Commission (CPSC) at the national level has resulted in new bicycle helmet standards at CPSC which will have a major impact in saving the lives of many children.

NHTSA's *Campaign Safe & Sober* is another partnership activity that provides critical technical assistance and educational materials to safety advocates at the local level. This program assists these groups in their efforts to increase occupant protection usage, a proven means of making the nation's highways safer. Another NHTSA service is the *Auto Safety Hotline*. The Hotline is a direct link between consumers and the Federal government regarding motor vehicle safety. It handles approximately one million telephone calls each year relating to child safety seat use, air bags, product recalls, and other issues. Community-based public health experts, including state and local SAFE KIDS Coalitions, rely on the Hotline to get the most up-to-date safety information to give to parents and care givers. It is a vital consumer service that saves the lives of children.

The Safe Communities program has grown from a mere concept in 1995 to more than 400 Safe Communities in operation, today. This program puts a focus on the nation's injury prevention program at the community level. In a Safe Community, traffic crashes are positioned within the context of the entire injury prevention problem. A Safe Community forges new partnerships among injury prevention, acute care and rehabilitation resources to launch innovative strategies to solve top priority problems. A Safe Community is formed by a broad coalition of groups such as SAFE KIDS, public safety officials, medical service providers, and civic and industry leaders. All partners in this coalition participate as equals in developing solutions, sharing success, assuming programmatic risks, and building a community infrastructure and process to improve community life through the reduction of traffic-related injuries and fatalities.

Using the framework of a Safe Community, many of our partners at the national level have found a niche for their local chapters, units, employees and members. The Native American population, for example, has formed a Tribal Safe Community effort to deal with the diverse needs of their audience.

The Safe Communities concept revolves around identifying problems at the local level, where the resources must be applied to solve them. Safe Communities has been remarkably successful and will continue to be with strong partnerships with many other national organizations who share the vision of our agency and move with us to save children's lives.

NHTSA has taken on the task of the President's Initiative to Increase Seat Belt Use Nationwide and is promoting the *Buckle Up America!* Campaign. Our goal is to increase national seat belt use to 85 percent by the year 2000. As part of the *Buckle Up America!* Campaign, a national mobilization has been initiated to support the enforcement of child passenger safety laws. This mobilization, called Operation ABC (Always Buckle Up Children), involves law enforcement in partnership with other organizations at the community and state level. Parallel to this effort, SAFE KIDS, General Motors, and NHTSA are working together with McDonald's to produce a massive public education effort called *"Safe and Sane Road Trips"* during *Buckle Up America!* Week. Along with 11 other major national organizations, activities such as child seat checkpoints will be conducted by these partners at community sites, while children receive the buckle up message in a booklet attached to 12 million Happy Meals. The booklet contains family fun travel games, activities and child passenger safety information.

The Air Bag and Seat Belt Safety Campaign

Many national partners have contributed to the Air Bag and Seat Belt Safety Campaign. With a focus on combining public education, enforcement, and the upgrade of occupant protection laws, this program has been an invaluable component of the national effort to prevent air bag-related deaths and injuries to children.

Effectively addressing the issue of children and air bag safety has been one of the agency's top priorities during the past few years. NHTSA began warning parents never to install a rear-facing child restraint in front of an air bag long before any child deaths associated with air bag deployment had been reported. NHTSA has issued several rules to require labels on vehicles and child seats to give parents and care-givers information on children and air bag safety. In 1993, NHTSA issued a rule requiring vehicles to have air bag warning labels on their sun visors, which included the statement, "Do not install rearward-facing child restraints in any front passenger seat position." A similar warning label was required for rear-facing child restraints. On November 27, 1996, NHTSA issued a final rule upgrading these warning labels with more colorful and attention-getting versions. These new labels, which have been in new cars, light trucks, and child restraints for about a year now, show a picture of a rear-facing child restraint being damaged by a deploying air bag, and have explicit warning messages for child safety. For example, they state that "Children 12 and under can be killed by the air bag" and "The BACK SEAT is the SAFEST place for children." It is important to point out that the educational efforts conducted by the agency counted heavily on the ability of partnering organizations, such as National SAFE KIDS, to reach out with these vital messages.

This summer NHTSA plans to issue a notice of proposed rulemaking (NPRM) on advanced air bags to replace the interim solutions of warning labels, on/off switches and "sled" tests. Advanced air bags will tailor their deployment to the size of the occupant and crash circumstances, and should dramatically reduce risks to children. As part of the NPRM, NHTSA will propose specific air bag tests to address the risks of air bag deployments to infants and other children. NHTSA will also add three new child test dummies to the standard: one representing a 12-month-old infant, one representing a 3-year-old, and one representing a 6-year-old.

Working together with our partners, NHTSA has made considerable progress on all aspects of highway safety. But the rate of safety improvement has flattened in recent years. The Secretary and the Administration have proposed to Congress a strong motor vehicle and highway safety program for the next six years-including state incentive grants that can affect our ability to make continued improvements in child safety. The so-called easy fixes are in place and the problems ahead will be tougher to solve. A third of the population still does not buckle up and child seat misuse is at least 80 percent. This calls for new strategies and new thinking.

The Strategic Plan of the Department of Transportation includes the safe transportation of children as one of its primary goals. In keeping with the Department's goals, and recognizing that motor vehicle crashes are the leading cause of unintentional injury to children, NHTSA has focused its attention on enhancing the design features of automobiles and child safety seats, encouraging the closing of gaps in legislation that protect our youngest citizens, and educating the public on measures they can take to protect their children, whether in an automobile or school bus, on a motorcycle or bicycle, or as a pedestrian.

NHTSA's data collection ability, research programs and public education activities are critical components of a national effort to prevent the number one killer of children ages 14 and under—unintentional injury. The work of this agency, in concert with its partners, will yield long-lasting benefits, including a healthier, safer populace and dramatic reductions in health care costs.

In closing, I would like to acknowledge and commend the National SAFE KIDS Campaign for the important impact that it has had in communicating to the public on child safety issues over the past 10 years. We at NHTSA look forward to continuing the partnership to save children's lives!

The CHAIRMAN. Thank you both for your excellent testimony. We appreciate your work. Your agencies, and your leadership are very important to this effort.

Ms. Brown, under the Child Protection Safety Act, all bike helmets must meet certain safety standards, but those standards are self-certified by the industry that produces the helmets. Can you tell us what those standards are, and how successful the self-enforcement or certifying is?

Ms. BROWN. The new bicycle safety standard, when it goes into effect at the beginning of next year, will have one safety standard so that people will not be confused when they go into a store and see that one is Snell and one is something else. It will be one standard. We have just put them all together. We did make some improvements to make it the most excellent standard possible. For instance, for helmets for children under the age of 5, there will be additional protection for their front temporal lobes which are so sensitive.

There are also additional chin strap protections so that if you do have a fall or a crash, the helmet will not roll off and leave you without a helmet. So there are some protections, but of course, what we cannot do is go into everybody's houses and put helmets on their children, and that is why it is so important that, now that we have one general standard so consumers will not have any confusion of a plethora of standards in the stores, it is extremely important now to work with groups like Safe Kids and others in order to be sure that people wear helmets.

Our last survey showed that only 18 percent of people wear bike helmets, and we are in the process of trying to update that to see if there is something newer. But we still have a long way to go in order to make sure that people are wearing their helmets. It must start out first with adults setting a good example, as well as encouraging our children to wear them.

The CHAIRMAN. Can you give me an idea about how that standard was developed? Did you develop it, or did the industry?

Ms. BROWN. Our agency developed the standard at the behest of Congress, bringing all of the interested parties in, including the industry. So the industry has been very helpful in this development, and they have supported this standard and worked with us. It has been a very good cooperative effort.

The CHAIRMAN. Will there be any significant increase in cost as a result of these changes?

Ms. BROWN. There will be no increase in cost.

The CHAIRMAN. That answers that question pretty well. [Laughter.]

Ms. BROWN. I was waiting for that question.

The CHAIRMAN. I am glad I asked it.

Dr. Martinez, what have you found to be the single most common error that parents make in installing child safety seats?

Dr. MARTINEZ. There are two areas of error. One is putting the seat in properly, and the second it putting the child into the restraint properly, putting the child into the seat properly.

The reason I raise that is because we are very concerned that parents do not really recognize the violence of a crash, so they leave a lot of slack in the system, where they get the seat in, but it has a lot of slack in it; they do not cinch it down tightly. So what happens is that small amount of slack becomes a lot of slack because as the belts stretch themselves, the seat compresses as the child moves forward in the seat, and what happens is that the child has a lot of movement, and the seat becomes not as effective as it should be.

We are also concerned—if you look at the restraint of children, about 90 percent of under-one-year-olds are in a rear-facing seat. We are doing a very good job of that, and we have recruited hospitals and others to make sure that first ride home is a good ride home. Then, as they go to the forward-facing seat, about 80 to 85 percent are in those child safety seats. But then it drops dramatically once a child is over 4 years old. The parents either un-restrain them—and seat belt use in children now is actually lower than in adults in this age group—or they simply put them in adult belts when they should go into a booster seat. I think the Campaign mentioned today that one of its concerns is that in that age group, 5 to 9 percent, we have actually seen an increase in injuries over the years, while the others have dropped dramatically. So those would be the two main things I think are the issues—that they get out of the booster seats or the proper restraints too early, and second, they do not understand how violent a crash is and allow a lot of laxity in the system which simply cannot be fixed during the violence of a crash and how quickly it occurs.

The CHAIRMAN. Thank you.

Senator DeWine.

Senator DEWINE. Mr. Chairman, thank you very much.

Ms. Brown, let me start with you, if I could, and thank you for all your good work, as well as Dr. Martinez.

I understand the Consumer Product Safety Commission does work closely with our Nation's Poison Control Centers, and I wonder if you could share with us what you have been doing with these centers to help reduce poison exposure among children.

Ms. BROWN. First of all, they have excellent recordkeeping. They have the data. They are the first line, and they know what is happening. We purchase from the Poison Control Centers poisoning data so that we know where the problems are. We have got to make sure there are child-resistant caps on the products that need them, and we can tell from the data from the Poison Control Centers where we need to have caps put on.

We have a new regulation that the child-resistant caps also be adult-friendly; they have not lost their child-resistance, but adults will be able to open them without going berserk and open them more easily. This should save more children's lives, because some adults were just leaving the caps off or putting the medication into different types of containers.

So that first of all, we get our data from them, and we learn just where we need to be working. We have a very close relationship with the Poison Control Centers, and they do an excellent job; they are the front line.

Senator **DeWine**. I wonder if you could share with us what you have learned recently, and what are the trends or the problem areas? Could you mention one or two?

Ms. **Brown**. For instance, we have been working on petroleum distillates, which is one area which needs caps. We are doing investigations into all of that.

We are also looking to see, when drugs go from prescription to nonprescription, when we need to have child-resistant caps. So we get that kind of information from the Poison Control Centers. They are an invaluable resource, and we very much respect that work that you are doing with them, Senator DeWine, and support that.

Senator **DeWine**. Thank you very much.

Dr. Martinez, let me start by thanking you for your support and the administration's support of our efforts to go to a .08 national DUI standard. We appreciate that very, very much, and we will battle on.

Dr. **Martinez**. Thank you for your leadership; I really appreciate that.

Senator **DeWine**. I wonder if I could follow up on a couple questions that were asked earlier. One has to do with the universal anchorage standard system, or for the car seat restraint system for children. Where are you in regard to that, and how soon can we expect that?

Dr. **Martinez**. As you know, this was an issue that arose—and this is interesting, I think, in one way in that the success of child safety in the marketplace created a plethora of child safety seats with more and more models of car. So there was not a dialogue with people who had to use them, and we ended up with all kinds of ways to install these seats.

We now have a program that teaches people how to install child safety seats properly. To be an instructor, it takes 4 days. And my "canary in the coal mine" is my brother George, who is an internist, a cardiologist, an emergency physician and also a lawyer, and he calls me for advice on how to put his seat in; so it has got to be heard.

We called a blue ribbon panel 2 years ago and said just work together; let us have people working together. And their number one recommendation was make it simple to do it, with a universal attachment.

We then began to work forward with promulgating a rule. The industry asked us to consider several things as well as consumers—what is easy, because what may be easy and great for an engineer may not be easy and great for a mom——

Senator **DeWine**. Or a dad.

Dr. Martinez [continuing.] Or a dad, yes—and I know that; I have two now, and it is a big issue. The second thing was that we do something that would be harmonized internationally, so that the same car design could be made internationally. That meant we had to bring in partners from Australia, Canada, and Europe, and as mentioned earlier, there are some very different ideas there.

Three weeks ago, we had a big customer focus group where all these different designs were brought forward—they have actually merged together somewhat—and the results of that are moving forward. We expect this summer to be able to put that rule out in final form.

Senator DEWINE. This summer?

Dr. MARTINEZ. Yes, this summer.

Senator DEWINE. Good. Let me move quickly if I could to the issue of smart air bags. I know that people do not like the use of that term, but I do not know what else to call them.

Dr. MARTINEZ. They like to use the term "advanced."

Senator DEWINE. "Advanced"?

Dr. MARTINEZ. Yes, and I will tell you why. I actually wanted to make a point on something you mentioned earlier. I do not think they all have to be high-tech solutions; many of the solutions will be low-tech. And we want to make sure that all those solutions are incorporated as quickly as possible.

Senator DEWINE. Where are we on that?

Dr. MARTINEZ. Well, I have some good news on that. They made the point earlier that we made some changes to our rule. The biggest significant change to the rule was that we changed the compliance testing, so that instead of full car crash-testing, which takes a lot of time to prepare and is very expensive, we went to sled testing, which allowed for quick tests, several tests in a day. Now, 1 year later, over 90 percent of the air bags in the 1998 model year fleet are redesigned air bags. It is not just a matter of power; it is folding, it is venting issues, it is the thickness of the material. There are a lot of issues there.

Second, you asked a question about the level of power, and that is something we are looking at very, very carefully because of the trade-off concerns. There was a statement made in the past that the original standard, the 208 standard, forced people to use a level of power that created harm to children. Because of my concern with that, this year, I bought six cars and tested the new, quote-unquote "powered" bags versus the old test, and six out of six passed on the driver's side and five out of six passed on the passenger side, and the one that did not pass missed it by about 5 percent. So that clearly, it is not necessarily a driving issue.

Senator DEWINE. What do you mean by "passed"—passed what?

Dr. MARTINEZ. They passed the old test, the full-scale crash test. Now, quite frankly, there are some issues of the compliance testing which means they would have production issues, and there are some concerns about that. However, the point is that I think people now know a lot more than they did a year ago or 2 years ago or 5 years ago about what happens when an air bag comes out. The focus has always been to get it out in time for the crash. Now it is how it comes out. And this committee should also recognize that as much as we hate children to be injured, we do not like to do any sort of testing on children, and we really have a huge gap in our knowledge about what it takes to hurt a child, and that causes problems when the Consumer Product Safety Commission is trying to develop a helmet that works, when we are trying to do work, when the CDC is trying to do work. We just do not like to do that.

So one thing we have tried to do is to reach out to trauma centers and emergency departments to set up special programs that investigate car crashes so we can begin to focus on children. And I would just point out that Dr. Eichelberger is actually one of the doctors who is working with us at Children's Hospital here.

I think you will see, as these changes have come in in 1 year, that you are going to continue to see improvements in design of the air bags, and we hope to put our rule out fairly soon that will ensure that what we know now is incorporated into the design of those air bags. But I will tell you—and I agree with Mr. Lange—we are in a very different position than we were 10 years ago when the car companies began to design. They made their own air bags. Now there is a huge number of very large companies competing to get into the cars that are being made by the automobile manufacturers. So they have much more technology, much more competition for safety design, and we are working closely not only with the American and European manufacturers, but with all those who make the air bag restraint systems, and we are seeing a lot of innovation and creativity which I think will address many of these issues that have been raised.

Senator DEWINE. I appreciate your answers and look forward to working with you and to staying in touch with you. This is an area that I am very interested in, and I just hope that this country takes the lead in this area and that we take advantage of all the technology that is out there and the great companies that we have so that we are in a position where the American consumer gets the benefit of the best air bags that we can put on the market as fast as we can get them on the market.

Dr. MARTINEZ. I appreciate that, and my last comment would be that one of the things that we have done is to try to have a common focus on preventing the injuries, preserving the benefits and minimizing or eliminating the risks, and I think that that has served us all very well.

Senator DEWINE. Thank you.

Thank you, Mr. Chairman.

The CHAIRMAN. Dr. Martinez, obviously, when we started out with seat belts, there was a tremendous generational difference in their utilization. Has there been a substantial improvement in the use of seat belts? How do we stand with respect to us old folks versus the younger ones?

Dr. MARTINEZ. That is a very good question. It is a good news/bad news story. We have to invest in our children and make that a pattern for life. Our biggest concern is that there is a high use for the first 4 years and then it drops off dramatically; and as teenagers, their highest-risk time, when they are driving as well as when they are passengers—because 63 percent of teenagers who die are passengers in a car with a teenage driver—so we have a real concern that it drops off dramatically. That age group, interestingly enough, does not have seat belt laws to protect them. Many of them stop at age 6 or younger. So we have adult laws for age 18 and over, but that age group, for which this is their leading cause of death, we do not protect in the law. I think that that is an area on which we have to focus and that is part of the reason why we include that in our legislation.

The CHAIRMAN. And what does your legislation call for in that respect?

Dr. MARTINEZ. It is a new occupant protection program that gives incentive grants to States, looking at 85 percent national seat belt use, which is the Buckle Up America Program. We believe that if we do that, get to 85 percent, we can save 4,000 lives in 1 year. And you do not have to go to a foreign country. You can go to California or North Carolina or New Mexico or other States that have focused on it and raise their seat belt use—but you have to hit it differently—different groups are addressed differently. For example, we are now beginning to work with NASCAR to get the high-risk young male to see the role models who drive cars. For children, we have to go to the schools, the day care centers, the hospitals and the doctors' offices, and the supermarkets and use sports figures. For older people, we may have to approach it a little differently.

Overall, our seat belt use this year is 69 percent, the highest ever. We think that that is good, but if you start separating that, you find problems of diversity and issues of age that we have got to focus on separately.

The CHAIRMAN. How big is that peak for teenagers? Is it a dramatic difference?

Dr. MARTINEZ. Well, especially if you look at fatal crashes, seat belt use is down around 20 to 30 percent. And I must tell you I spent the night over in the shock trauma center on Friday night. I take my staff over there from time to time so they can see it. There were eight major crashes that night, and one in particular involved a group of six teenagers in one car—not speeding, no alcohol involvement, doing the right thing, just being teenagers—but in that terrible rain, they wheeled into a pot-hole, the car flipped over, and the one who was seriously injured with a major head injury was the unbuckled gentleman who went out of the car.

So in my own experience as an emergency physician, that is what happens day in and day out in our society, and I believe we have got to go after them separately and very hard, I think. We owe them safe passage.

The CHAIRMAN. Dr. Paul, you are still sitting in the audience. I want to commend you for receiving your award from the Consumer Product Safety Commission. Would you like to make any final comment for the record?

Ms. PAULG. Thank you very much, Senator.

We should have Ann Brown at more hearings. [Laughter.]

Ms. BROWN. No—I would never get any work done.

Ms. PAULG. Dr. Martinez did not mention that he is also an award-winner of Champions for Safe Kids, so these are two stellar representatives from the Federal Government.

We are pleased and honored, and as usual, we can just think of more ways to work together in innovative, grassroots programs, so we are very privileged to receive this award.

Thank you very much.

The CHAIRMAN. Thank you all very much. It is a tremendous opportunity for me to be able to see all of you at the same time. Thank you for all the wonderful work that you have done. I deeply appreciate your efforts and look forward to working with you to try to make things better and better every year.

[Additional testimony supplied for the record follows:]

PREPARED STATEMENT OF MARK L. ROSENBERG, M.D., DIRECTOR, NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL, CENTERS FOR DISEASE CONTROL AND PREVENTION, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. Chairman and Members of the Committee, I am pleased to submit this statement for the record on behalf of the Centers for Disease Control and Prevention.

As the Nation's prevention agency, CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. In the area of injury prevention and control, CDC strives to reduce the incidence, severity, and adverse outcomes of injury. CDC accomplishes this through research, surveillance, program implementation and evaluation, and communications. CDC works closely with other federal agencies; national, state, and local organizations; state and local health departments; and research institutions across the country. For example, we are proud of our collaboration with the National SAFE KIDS Campaign, the National Highway Traffic Safety Administration, the Consumer Product Safety Commission, which testified at this important hearing.

My statement summarizes CDC's injury prevention efforts, particularly those focusing on children, and describes some of the intervention strategies known to be effective.

Injury In the United States

Unintentional and intentional injuries combine to be the leading cause of death for Americans aged 1 to 44 years. In the United States, more than 400 people die of injuries every day; at least 58 of the daily death toll are children. In addition to these deaths, thousands more are non-fatally injured, many of whom suffer permanent disabilities. Injuries also claim more years of potential life lost before age 65 (YPLL-65) than any other cause of death. YPLL-65, which is a way of calculating the magnitude of the loss from injury and disease, measures the difference between a person's age at death and age 65. By calculating loss of life this way, the measurement weighs more heavily those conditions that kill children, teenagers, and young adults.

More children die or become seriously hurt from injuries than from all childhood diseases combined. Each year, more than 21,000 children aged 1 to 19 are killed; an estimated 600,000 are hospitalized; 12 million are seen in emergency departments because of injuries; and more than 50,000 are permanently disabled. The number of children who have serious lasting impairments as a result of brain injury is estimated to be even greater than the number who die from this cause. CDC estimates that, each year, there are more than 10,000 children who become disabled from brain injury. The lifetime cost of injury for 0-14 year olds is estimated to be well over $13.8 billion annually.

It is at these younger ages where severe injuries that may require many years or a lifetime of medical care or rehabilitation create the greatest social and financial burdens. Investments made in preventing these deaths and injuries have the potential to save billions of dollars.

Although the greatest cost of injury is in human suffering and loss, the financial cost is staggering. Including direct medical care and rehabilitation as well as lost income and productivity, injury costs are estimated at more than $224 billion. This represents an increase of 42% over the last decade. The savings from preventing injury, as compared with treating it and its consequences, are dramatic. Every dollar spent on:

- bicycle helmets saves $29
- child safety seats saves $29
- smoke detectors saves $65
- counseling by pediatricians to prevent injuries saves $10
- poison control center services saves $7 in medical costs

CDC Leadership in Prevention

Whereas other agencies have regulatory or enforcement roles, CDC is a scientific organization concerned with public health. CDC uses science to understand the causes of injury and how it occurs; applies the findings from scientific studies to design and evaluate strategies to prevent injury; and works to bring together into a successful partnership the varied groups dedicated to addressing and solving the problem of injury in America. CDC scientists study prevention of unintentional and intentional injuries, and the disabilities caused by injury, as well as ways to improve acute care systems and rehabilitation.

CDC administers a grants program of more than $20 million for extramural research in the three phases of injury control (prevention of injury, acute care for the injured, and rehabilitation), and the two major disciplines of injury control research (epidemiology which looks at the risks for injury, and biomechanics which studies how the human body reacts to impact). CDC funds Injury Control Research Centers, which work in all three phases of injury control, and also serve as training centers for public health professionals and information centers for the public. In addition, CDC funds individual studies, and small projects of two or more related studies.

CDC also funds state and community injury prevention programs, including surveillance and intervention design in a number of injury areas.

In its efforts to prevent injury, CDC works extensively with numerous partners, including Federal agencies, state and local governments and organizations, and voluntary and professional organizations. CDC and its partners are demonstrating the efficacy of a science-based, public health approach in several areas of unintentional and intentional injury, including residential fires, drownings, poison control, recreational activities, youth violence, family and intimate partner violence, sexual assault, suicide, and traumatic brain injury.

Childhood Injury Prevention

CDC and its partners are working to prevent childhood injuries: to make children safe at home, safe at school, safe in communities, and safe on the move. In this section of my statement, I will focus on our work in childhood unintentional injury.

A. Child Restraints

What is the problem?: Motor vehicle crashes are the leading cause of unintentional injury-related death among children ages 14 and under. According to the National Highway Traffic Safety Administration, 2,761 child occupants ages 14 and under died in motor vehicle crashes in 1996. Children ages 4 and under accounted for 35 percent of these childhood motor vehicle occupant deaths. The majority of these deaths result from fatal head injuries, especially among the youngest children. Children are particularly at risk from death and injury as occupants in motor vehicles.

What are the causes? Riding unrestrained is the greatest risk factor for death and injury among children as occupants in motor vehicles. In 1996, it is estimated that 85 percent of infants (children under age 1) were restrained while riding in motor vehicles. However, usage rates sharply declined as a child's age increased. Only 60 percent of children ages 1 to 4 and 65 percent of children ages 5 to 14 were restrained by child safety seats or safety belts. Unrestrained children are more likely to be injured, to suffer more severe injuries, and to die in motor vehicle crashes than children who are restrained.

What works to prevent the problem? Child safety seats are extremely effective when correctly installed and used, reducing the risk of death by 71 percent for infants (under age 1) and by 54 percent for toddlers (ages 1 to 4), and reducing the need for hospitalization by 69 percent for children ages 4 and under. From 1982 through 1995, it is estimated that 2,934 lives were saved by child restraint use. Nearly 280 children ages 4 and under were saved as a result of child restraint use in 1995 alone. Child safety seats and safety belts not only reduce health care costs by preventing injury, but among children hospitalized for motor vehicle-related injuries, those unrestrained are more severely injured and incur 60 to 70 percent greater hospital costs. Every child safety seat saves this country $85 in direct medical costs and an additional $1,275 in other costs to society (Childhood Injury: Cost and Prevention Facts, Ted Miller, CSN Economics and Insurance Resource Center).

CDC Leadership: Child occupant protection and safety belt use laws are proven effective at increasing the rate of restraint use. All 50 states, the District of Columbia and all U.S. territories have child occupant protection laws, which allow police to stop vehicles solely for violations of child restraint laws. These laws vary widely in their age requirements, exemptions, enforcement procedures and penalties. In 1996 and 1997 CDC published recommendations for preventing injuries associated with air bags to infants and children in child restraints. These included the recommendations that infants in rear-facing child safety seats should never ride in the front seat of a vehicle equipped with a passenger air bag and that infants in rear-facing child safety seats always must ride in the back seat facing the rear of the car (CDC's Morbidity and Mortality Weekly Report (MMWR) 1996; 45:1073-6, MMWR 1997;46:1098-9).

B. Bicycle-related Head Injuries

What is the problem? Head injury accounts for 44 percent of all deaths resulting from injuries in the U.S. Head injuries account for 62 percent of bicycle-related deaths, for 33 percent of those admitted to emergency departments, and 67 percent of bicycle-related hospital admissions. Each year about 153,000 children receive treatment in hospital emergency departments for bicycle-related head injuries.

What are the causes? 96 percent of bicyclists killed in 1996 were not wearing helmets. Perhaps the most important reason people don't wear helmets is a failure to appreciate the risk of head injury from bicycling and the effectiveness of helmets in preventing these injuries. Many riders feel they need not worry about being injured if they aren't riding in traffic. However, statistics show that many bicycle-related head injuries do not involve traffic collisions, rather, they are caused by falls, crashing into fixed objects, equipment failures, being chased by dogs, and colliding with other cyclists. Among children, fear of peer ridicule is a key factor in not wearing helmets. Other reasons for not wearing a helmet include cost, appearance, and ventilation. A very small percentage of youth report wearing helmets all or most of the time.

What works to prevent the problem? Bicycle helmets have been shown to reduce the risk for head injury by as much as 85 percent and the risk for brain injury by as much as 88 percent. It is estimated that 75 percent of bicycle-related fatalities among children could be prevented if all children on bicycles wore helmets. Universal use of bicycle helmets by children ages 4 through 15 years old would prevent between 135 and 155 deaths, between 39,000 and 45,000 head injuries, and between 18,000 and 55,000 scalp and face injuries annually. Intensive intervention efforts in the Pittsburgh community in California (through funding from CDC) resulted in an increase in bicycle helmet usage among elementary students from 21.5 percent to 32.9 percent.

CDC Leadership: In 1995, CDC published recommendations for bicycle helmet use that included a review of the research concerning helmet use, a discussion of standards, and strategies that should be implemented to increase helmet use. These recommendations were disseminated throughout the public health community, to public safety organizations, and to individuals and organizations that work with youth. In addition, to better understand how to increase helmet usage rates and increase program effectiveness, CDC currently funds 5 states to implement and assess programs promoting the use of bicycle helmets.

C. Playground Injuries

What is the problem? The United States Consumer Product Safety Commission has reported a dramatic increase in childhood playground related injuries over the past two decades. In 1977, 93,000 injuries were reported as contrasted to more than 200,000 in 1996. Children ages 5 to 14 account for 70 percent of these playground-related injuries.

What are the causes? It is estimated that one-third of playground-related fatalities and 70 percent of injuries occur on public playgrounds. More than 70 percent of playground-related injuries involve falls to the surface and 9 percent involve falls onto equipment. Yet, more than 90 percent of public playgrounds lack adequate protective surfacing. Falls account for 90 percent of the most severe playground-related injuries (mostly head injuries and fractures) and one-third of fatalities. Head injuries are involved in 75 percent of all fall-related deaths associated with playground equipment. Lack of supervision is associated with 40 percent of playground injuries.

What works to prevent the problem? More resilient playground surfaces, and greater attention to the role of supervision, training, and hazard identification in risk management and injury reduction on playgrounds. Despite prior research and the magnitude of the playground injury problem, most communities do not promote, mandate, or enforce standards based on published guidelines for playground surfaces and playground equipment. Few teachers, parents, or students have been properly trained in the appropriate use of playground equipment or the importance of supervision during play. While some measures to address these problems have been initiated, until 1995, there was no coordinated national effort at promoting the prevention of playground injuries.

CDC Leadership: In October 1995, CDC funded the University of Northern Iowa to establish a National Program for Playground Safety (NPPS). The NPPS developed the National Action Plan for the Prevention of Playground Injuries through a consensus process with an advisory board. The national plan recommends a number of actions centering around four issues: age appropriate playgrounds, maintenance of playgrounds, supervision of children, and proper playground under surfacing. Implementation of the plan will involve six broad actions: a) leadership in galvanizing implementation of the plan; b) partnering with others to implement the plan; c) training those involved in playground safety; d) performing clearinghouse and information dissemination functions to support the plan; e) conducting national surveillance on playground hazards and playground injuries; and, f) conducting research on playground surfacing and defining a research agenda. The plan calls for actions at the national, state and local levels to help prevent the annual 200,000 emergency department-treated playground injuries incurred by America's children.

D. In-line Skating Injuries

What is the problem? In-line skating is the fastest growing recreational sport in the U.S. In 1993, there were about 12.6 million in-line skaters in the U.S., an increase of 37 percent from the previous year. An estimated 17.7 million people younger than 18 years participated in this sport in 1996, a 24 percent increase over the previous year. As the sport has grown, so has the number of participants injured. In 1996, an estimated 76,000 children and teenagers younger than 21 years were injured sufficiently while in-line skating to require emergency department care. Most in-line skating injuries are to wrists, arms, and legs. Approximately 5 percent of all injured in-line skaters suffered head injury and 3.5 percent of the injured in-line skaters required hospitalization.

What are the causes? Risk factors associated with injury and the likelihood of injury are presently under study. It seems that speed, obstacles, lack of protective gear, and the hard impact surface all contribute to the risk of injury. Many of those injured were first-time skaters who lost control and fell.

What works to prevent the problem? The importance of wearing safety equipment must be more heavily promoted. Instructions should be readily available on how to stop safely by using brake pads at the heel of most in-line skates. Avoid skating on streets, driveways, or surfaces with water, sand, gravel, or dirt.

CDC Leadership: CDC collaborated with CPSC to recommend and promote the use of 1) helmets; 2) wrist guards; and, 3) knee and elbow pads to help prevent injuries among in-line skaters. It is also important to ensure a safe skating environment for all users of facilities where in-line skating is to be allowed. The in-line skate industry plays a role in educating the consumer public about in-line skate products and safety awareness through posters and advertisements that promote safe skating.

F. Deaths from Residential Fires

What is the problem? In 1996, there were an estimated 417,000 residential fires in the United States, which killed 4,035 individuals and injured an additional 18,875 people. Fires are the second leading cause of unintentional injury death among children. In comparison with the total population, children aged four years and younger have a fire death rate more than twice the national average. About 800 children ages 14 and under die by fire each year, and 55 percent of these children are under the age of five. The leading reason for this excess is that children react less effectively to fire than adults, but it is also true that they generally sustain more severe burns at lower temperatures than adults. Losses to society from childhood burn deaths and injuries total approximately $5.5 billion annually. Two-thirds of fire-related deaths and injuries among children under age 5 occur in homes without working smoke alarms. Black, Hispanic, and Native American children are at higher risk than white children for home fire deaths.

What are the causes? About 8 percent of U.S. households do not have at least one smoke alarm installed. A large percentage of these households have incomes below $15,000 per year. Among households that are equipped with smoke alarms, a large proportion of the alarms are not properly maintained (e.g., batteries are dead, batteries removed because of nuisance alarms, or the unit is disconnected). An observational study by CPSC found that 27 percent of households with alarms had inoperable alarms.

What works to prevent the problem? One of CDC's first injury control programs was conducted by the Oklahoma Department of Public Health. This CDC-sponsored project in Oklahoma City demonstrated the effectiveness of targeting parts of the city with the highest fire-related death rates with a program that delivered and installed smoke alarms, and ensured that the alarms remained operable. This project reduced burn-related deaths by 83 percent during the study period while the rate in the rest of the city rose 33 percent. Data from the project show that each dollar spent on smoke alarms saves $20 in injury-related costs in the state.

CDC Leadership: Through its Residential Fire Injury Prevention Initiative, CDC is working with a number of other public and private organizations to conduct a fire-related injury prevention on program in three states and two cities which have some of the highest fire-related death rates in the country: Mississippi, Arkansas, Alaska, Cleveland, and Atlanta. The program will develop, implement, and evaluate an educational tool targeting high risk residents and will conduct targeted smoke alarm distribution programs. CDC also is working with 5 state health departments to evaluate the most effective method of distributing smoke alarms in high risk communities.

Last year, CDC provided one time funding to support a Mississippi State Department of Health effort to prevent fire-related deaths in Benton County. With these funds, 912 smoke alarms were purchased and distributed to Benton County homes in an attempt to address a long-standing fire death problem in that region. CDC staff worked with staff in the Mississippi Department of Health to develop a residential fire injury prevention program that utilizes community volunteers to distribute the smoke detectors and provide community education and support. A year after this program was instituted, Benton County reportedly went from having the highest residential fire death rate in Mississippi to no fire-related deaths.

CDC has also enumerated and described key elements of 50 smoke detector project of various types from across the United States and compiled these findings in an inventory for use by those intending to conduct smoke detector promotion programs. The inventory has been widely distributed.

Opportunities for Prevention

A Safe America means putting appropriate and effective strategies in place in our communities. For example, many important interventions are in place: seat belts, child restraint seats, bicycle helmets, educational programs in schools, smoke detectors, and many more. The success of many of these programs is due in part to the determination of people to prevent or control injuries in their communities. We also must raise public awareness.

To achieve the greatest success for the Nation, we must identify the populations most at risk and overcome the barriers to injury prevention, including attitudes, environment, and behavior. We must identify effective strategies and model programs, and replicate effective efforts nationwide. We must conduct research in injury prevention, coordinate work being done in the field, and promote professional education and training in injury prevention.

In sum, we must strengthen the science base for injury prevention, and implement effective interventions in communities throughout our Nation. And importantly, we must make a firm commitment to assure a safe future for our children.

The CHAIRMAN. With that, we will declare the hearing closed.

[Whereupon, at 12:35 p.m., the committee was adjourned.]

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